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# THE

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No. 1.

### ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[The Lumleian Lectures for 1851, delivered at the Royal College of Physicians, London, by J. C. Badeley, M.D., Cantab, &c.]

MR. PRESIDENT AND GENTLEMEN,—In entering on the office of Lumleian lecturer, which I have the honor of holding, and in offering the product of my humble experience to so learned a body, some little allowance will, I trust, be made for the many imperfections which I am but too well aware are inseparable from my position. The science of medicine has, within the last few years, advanced with strides so rapid, and improvements so unquestionable—whilst treatises so luminous and voluminous, in every department of science, have been launched so liberally from the press—that the selection of a subject for a lecture is as difficult as the prospect of throwing new light upon it is comparatively hopeless. An expansive veil of obscurity, nevertheless, still shrouds the arcana of nature and of disease; and many are the objects which neither the mental acumen of man, nor the telescope of time, will probably be ever able to explain. We witness disease in myriad forms and varieties, and are hourly invoked to obviate its ravages; and we succeed: we employ the remedies which science has supplied, and experience has attuned to their complicated operations: we snatch, in numberless instances, the sufferer from an untimely grave; or, if we fail in averting a fatal termination—

“ Make languor smile, and smooth the bed of death.”

Not entirely discouraged, therefore, by the difficulties with which it is encompassed, I have selected for my subject, in the performance of the duties which are assigned me, *The Reciprocal Agencies of Mind and Matter*; and, inasmuch as no part or portion of the body is exempt from mental operations, and, on the other hand, the functions of the mind are either impaired or obliterated by disease of the encephalon, a most extensive and interesting field is open before us. Such, indeed, is the varying intensity with which the mind operates directly or indirectly on our corporeal structure, that at one time it prostrates, and in a moment extinguishes every manifestation of life—at another, it paralyzes, or only partially destroys it: or it lays the lamentable foundation of protracted and incurable disease. Knowing, as we do, that the brain is the seat of the acknowledged superiority of man over the whole of animated

existence—the fountain from the which our every passion and our every feeling flows—the abode of consciousness—the throne of intellect—of reason—of memory—of judgment—in a word, of every manifestation of the human mind—it becomes our duty to study its material conditions in connection with disease, as well as to trace out and observe the mental phenomena dependent on its impairment. It is not my intention, however, to wander into the mystical labyrinth of metaphysical inquiry, nor to subject myself to the animadversions of theologians by advancing doctrines to which any objection can be raised. A broad margin exists between the *animus* and the *anima*. The workings of the one (inasmuch as they are connected with, or dependent on the brain and nervous system) come legitimately within the province of the physician, and may fairly be discussed without entrenching on the object of the care and cure of the divine; and far be it from me to invade his holy mission, or trespass on the boundary of his pious office! Undisputed as it is by men endowed with reasoning faculties, and not afraid to exercise them, that the brain is the material organ of the mind—established as the proposition is by positive, and strengthened as it is by negative, reasoning—we have *no choice* but to believe it: hourly evidence demonstrates it; and, to shrink from the contemplation of its workings, or to reject the fact itself, is to mistrust the wisdom and deny the omnipotence of Him who created and endowed it! Not that the identity of mind and matter is hence to be inferred. “The wind bloweth where it listeth, and no man can tell whence it cometh, or whither it goeth.” Should the brain be disordered, as is evinced in the delirium of fever, or should its structure be impaired, as in cases of insanity, the healthy action of the mind is impaired or obliterated also; and, should the harp be out of order, or its strings be out of tune, its music is discordant, its melody destroyed, or no sound whatever can be elicited from it. The brain being the seat of consciousness and of perception, objects act upon it, exciting different emotions and sensations, which are conveyed, through the medium of the nerves, to different organs of the body—to the glands, for example, whereby the secretions are instantly affected. What, in common parlance, is the “mouth watering,” but the sight and anticipation of a savory morsel acting through the brain and nerves on the salivary glands, augmenting their secretion, and otherwise preparing the digestive apparatus for the exercise of its function? What are tears, but the liquid essence of grief or joy emanating from the action of the mind on the lachrymal glands, under the influence of mental emotion? What is the palpitation of the heart and tremor of the muscles, in cases of sudden and strong excitement, but the action of the mind on the muscular fibre, and consequently on the circulating system, through the medium of the nerves? And so on with other functions of the animal economy which it is unnecessary to enumerate. That these effects *are* produced, and these sensations generated, is known by daily and hourly experience to every one; but to demonstrate *how* it is effected, “*hic labor, hoc opus.*” The subject, at all events, has given birth to many shrewd conjectures—to many ingenious theories—to great varieties of opinion, and to much profound reasoning amongst philosophers, from the time of Hippocrates

to the present day. Haller, who has examined these respective theories most minutely, leans to the opinion that the *modus operandi* of the nerves is by means of a most subtle fluid permeating their cavities, and to which the name of "*spirit*" was given. This is, in fact, the "*Arachæus*" of Van Helmont," the "*anima*" of Stahl, the "*materia vitæ diffusa*" of Hunter, the "*vital principle*" or "*subtle essence*" of all others, all of which are, in fact, synonymous. Hunter conceived that this mobile, invisible spirit, was superadded to inert matter, as magnetism is to iron, and put in motion other bodies which are evident to the senses ; that it is consequently analogous to electricity and magnetism, though not identical, and is so beautifully described in the 6th *Æneid* of Virgil.

As to the "vibrations and vibratuncles" of Hartley, whether of an elastic ether, or of the infinitesimal particles of the brain and nerves, "there *may* be such things," as Dr. Reid says, "for what we know, and men may rationally inquire whether they can find any evidence of their existence ; but, while we have no proof of their existence, to apply them to the solution of phenomena, and to build a system upon them, is what I conceive we call building a castle in the air." It is true that Sir Isaac Newton formed a conjecture of this nature, an authority which would seem to give it a firmer foundation ; but he admitted also that it was not established by proof, though it was entitled to be examined by experiments. Hartley, however, referred all our sensations and ideas—in a word, all the operations of our minds—to this theory of vibration—a theory which is opposed and ridiculed by Stewart, Reid and Drummond. Descartes has attempted almost to demonstrate how, by the animal spirits going and returning in the nerves, muscular motion, perception, memory and imagination are effected. Some anatomists reject these ideas on the assertion that the nerves are not tubular ! Others assert that they are ! Le Gallois believed that there is a secretion in the nerves by which their power is transmitted, and through which medium the brain and spinal marrow exercise their action throughout the body. Then, again, there is a sect of *idealists*, of which Bishop Berkeley and Hume were the leaders : Berkeley, indeed, so warmly embraced his vapid theory of ideas and perceptions, as to reject the very existence of matter altogether ! But, as Lord Byron observed—

" When Bishop Berkeley said 'there was no matter,'  
And proved it—'twas no matter what he said !"

The only other theory which I shall adduce, and that to which, in my opinion, the greatest plausibility attaches, is that the nervous influence depends mainly on some modification of galvanism and electricity ; and it is an equally curious and corroborative fact, that substances which conduct electricity are also conductors of the nervous fluid, and *vice versa*. A strong instance of animal electricity presents itself in the gymnotus, or electrical eel, which it is sufficient that I should name, without detailing its well-known properties.

This is a favorite hypothesis with many able physiologists, as well as with myself, and a close comparison of their agencies substantiates the closeness of their analogy. The experiments instituted by Dr. Wilson Philip, of dividing the nerves supplying the stomach and respiratory or-



gans, and then substituting their suspended functions by a stream of galvanism, still further confirm the doctrine, and so vividly illustrate its probability, as to place all others comparatively in the shade. The nerves are, in short, the electric wires by which the brain telegraphs its workings to different glandular stations, or issues its commands to the muscles of volition ! If these wires are severed, the telegraph works in vain ; if these nerves are divided, the operations of the mind on the respective organisms are annihilated also. Dr. Philip, after detailing his experiments, asks—"Is it possible to explain the result of these experiments without admitting the identity of the nervous fluid and galvanism ? We must either admit this, or that there is another power capable of performing the most characteristic and complicated functions of the nervous system." Dr. Cooke favors the same opinion. Mr. Walker, in his work on Philosophy, says—"If a person stand on the electric stool with glass feet, and touch the prime conductor for a few minutes while the machine is working, his pulse will be greatly accelerated ; and if bled in that situation, the blood will be projected a considerable distance—showing that electricity stimulates the motion of the heart, and increases the motion of fluids. Can any doubt remain," he asks, "that this wonderful agent is a prime instrument in muscular motion ?" The perpetual variations of our feelings and spirits, without any assignable cause, are, I have no doubt, frequently produced by the varying proportions of electricity in the atmosphere, exerting an influence on the brain and nerves through the medium of our respiratory organs ; and it is highly probable that the vital energy common to all animals and vegetables is dependent on the agency of electricity, though perhaps not identified with it. Mr. Smee, in his Treatise on Instinct and Reason, says—"A gentleman who has much to do with various persons as an agent, assured me that the weather much influenced the action of people, and to such an extent was he practically acquainted with it, that he never went out to canvass on a dark and gloomy day ; but when the sun shines, and the sky is bright, people feel happy within themselves, and then he can do business with them !"—p. 250.

In damp and hazy weather, when electricity is carried off from our bodies by humidity, our spirits become languid, and our sensibility less acute—the nerves lose their tension and elasticity ; whereas, on high mountains, spontaneous flashes have been seen to be darted from the fingers, the body containing more than the surrounding rarefied and conducting air.

I am corroborated in this my opinion also by Dr. Holland, who says—"Little though its influence has yet been defined, I believe that the electrical state of the atmosphere is that of all its conditions which has most important and diffused effects on the animal economy, more rapid and pervading than any other, and (as one of the vital stimuli) more intimately allied to the functions of the nervous system." [Notes and Reflections, p. 485.] It is difficult to advert to the effects of atmospheric electricity on the body without noticing the question whether this great natural agent is not of itself directly engaged in the functions of the nervous system. It is obvious that changes of atmospheric elec-

tricity have much influence on the sensations and voluntary powers, producing results variously analogous to those which attend certain morbid states of body more familiar to us. An atmosphere highly charged with electricity produces alternations of chill and warmth on the skin, and many indescribable sensations; sometimes feelings of a rheumatic character in the muscles, tingling and itching of the sentient extremities of the nerves; and a thunder cloud is frequently productive of headache or other cerebral affections. All this demonstrates the influence of electricity on the animal economy.

But, to return from this digression.

If the mind possesses, through the medium of the brain and nerves, such an immense and powerful influence on the subordinate corporeal organization as to enable man, under the excitement of mental emotion, to perform the astonishing feats, and accomplish the Herculean labors which we continually witness or read, it can easily be understood that it can also impair or totally subvert the frail and delicate elements of which our corporeal frame is composed. Thus it happens that by its stimulus to the circulating system, the action of the heart and arteries is impelled at times beyond their powers of endurance; and a vessel bursting on the brain, a fatal apoplexy suddenly ensues, or a lingering paralysis is entailed for probably a melancholy series of years. The body succumbs to the sovereign influence of the mind; and the hero, whose "very name struck terror to the foe," is at once reduced to a state of helpless impotence.

In others, where, through misfortune or through grief, the spirits, once so buoyant, are utterly dejected and depressed, the canker-worm of care, with slow and insidious progress, eats into some less vital organ, and, altering its structure, and vitiating its faculties, gradually undermines the fabric of the constitution, and establishes a painful, an incurable, and ultimately a fatal disease.

During the few years in which I formerly practised in London, whilst engaged one morning in conversation with the late Sir Astley Cooper in his study, a subject was announced who had come from Norfolk for that justly-eminant surgeon's opinion and advice. His keen and practised eye at once discerned the malady; and before he put a question to the elderly and melancholy object that had entered the room, Sir Astley asked me if I could name his disease? I admitted my inability beyond that of a constitution thoroughly impaired; on which Sir Astley said that he was much mistaken if the poor man was not laboring from carcinoma of the rectum, and that probably his mind was ill at ease. On examining the patient the accuracy of his diagnosis was most fully confirmed. He then observed how frequently that disease ensued on mental distress.

The disease is, however, by no means confined to the rectum. The female breast and uterus are particularly subject to scirrhus from the same cause.

"I should have observed," says Sir Astley Cooper in his lectures, when speaking of the causes of this disease, "that one of the most frequent is grief or anxiety of mind. It arrests the progress of secretion,

produces irritative fever, and becomes the forerunner of scirrhus tubercle. How often have I found [he continues], when a mother has been watching, night after night, with anxious solicitude, the pangs and sufferings of her child, and has had the comfort and gratification of seeing its recovery, that in a short time after this she has come to me with an uneasiness of the breast, which on examination I have discovered to be scirrhus tubercle. Full three fourths of these cases arise from grief and anxiety of mind. It is the state of mind and body which predisposes to this disease. The mind acts on the body, the secretions are arrested, and the result is the formation of scirrhus. Look, then, in this complaint, not only at altering the state of the constitution, but *relieve the mind*, and remove, if possible, the anxiety under which the patient labors."

Most surgeons, I believe, concur in this opinion. Some, however, consider that there must be an hereditary or constitutional predisposition to the disease. Others, that it belongs especially to maidens, or to women who have never borne children. Its visitations, however, occur indiscriminately; and where the exciting cause is sufficiently strong to generate the disease at once in a diathesis favorable to it, a similar result, though more remote, may ensue where it may not be expected.

[To be continued.]

#### WOMAN'S DRESS A CAUSE OF UTERINE DISPLACEMENTS.

[Read before the Boston Society for Medical Improvement, July 28, 1851, by Dr. W. E. COALE.]

THE great and increased frequency of uterine displacements in the last few years must have forced itself upon the attention of every practitioner of medicine. A peculiarity, too, that they have of late assumed, is, that they are now met with in very young persons, whilst medical authors, writing not a quarter of a century ago, describe them—unless in exceptional cases—as affections to be found in women who have several times undergone the labors of a mother—in those of originally defective constitutions—in those who have been imprudent in making exertions too soon after childbirth—or, in short, in those who have been worn down and enfeebled by any cause calculated to lessen the general tone of the system: imprudence in habits of life—overtasking in particular occupations requiring a stooping position—decay from age, &c. We find, however, now—and I appeal to those present for a candid confirmation or contradiction of the assertion—that a large number of cases of prolapsus uteri occurs in those in early womanhood, and some in those who have scarcely advanced beyond girlhood. For my own part, without recurring to former cases, the fact that at this moment I have under my care five—not one older than 23—one of them but 18 years of age—not one of them a mother—none engaged in any exhausting occupation, gives me warrant for what I say—and, though accident may just now have greatly increased my proportion of such cases, I cannot believe that in the total my experience is very different from that of others present. It is, then, surely an interesting subject for inquiry as to what



are the causes of the frequency of these affections just now ; and why are the youngest, and, in other respects, the heartiest women the victims of it.

One undoubted explanation for some of this frequency is, that from an increase of medical research and inquiry upon the subject, the disease is now detected, where formerly it was passed by unrecognized, so that the increase of frequency is not so great as at first might be imagined. I state this in the outset, plainly, that it may have its full force as far as it can go, and that it may not be supposed that I have at once gone to a favorite theory, not looking carefully and without prejudice to other sources.

Throwing out, then, a fair proportion of cases, as accounted for above, we still have left a large number for which we must seek other means of accounting. These we believe we find in the mode of dress now in fashion amongst our women—the peculiarity of which, as interesting to us, is, that it is supported almost entirely from the waist—using that word, not in the dress-maker's sense, but in its old meaning as designating the contracted portion of the figure just above the hips.

Until the last fifteen years, although the dress was at times worn very low on the chest, it was always hung by broad shoulder-straps—frequently coming from the shoulders very high up towards the sides of the neck. A reference to any prints illustrating the fashions of this century prior to the time mentioned, or the costumes of England or France for any period, will more fully explain this if necessary. About fifteen years since, as a ball dress, the shoulder-straps were left off, so that the upper line of the dress was perfectly horizontal, and this, with those elastic views of delicacy so peculiar to fashion—was often low enough to disclose the edge of the arm-pit. In this style there was apparently great danger of the dress slipping down, and it would do so but for the ingenious though not graceful contrivance of suspending it from uprights of whalebone, the lower ends of which are supported at the waist. This, from being a ball costume, has become more and more common ; so that now, even when high-necked outer dresses are worn, the under dresses are cut low and supported as above described, in order to suit if a change be made in the former. Thus much for the part of the dress above the waist—to which we attribute its measure, though not a very large one, of the affections under consideration.

To the part below the waist, however, we believe we can look with confidence for a full and satisfactory explanation of the mischief done.

With a view of improving their shape, the lower part of the dress of women now consists of six, eight, or even more, skirts,\* made of various materials ; cotton—the stiff woollen material, intended for curtains, called moreen—flannel, and at times quilted with cotton wool—weighing together, as ascertained by actual experiment, ten, twelve, and even fifteen pounds. Each of these is supported by a string drawn very tightly around the body. We have seen the marks of these strings for days after the skirts have been removed—we have seen them even after

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\* This is on the confession of patients themselves, or I could not believe or dare state it.

death. Here, then, is the first source of evil—the continued pressure and constraint that these strings keep up—evidently embarrassing greatly the organs within. When to this, however, we add the weight of the skirts, we cannot but at once perceive how great an additional force we set to work, particularly if its operation—as exerted upon organs having amongst themselves a mobility almost as great as that of fluid—be properly estimated. To protect the abdominal viscera against this pressure, remember there is nothing, in front at least, save a thin partition of woman's soft and tensionless muscle. That these viscera should be forced downwards is not surprising; that they must in turn exert an equal force downward on the pelvic viscera, is apparent—and that the uterus, the most moveable of the last and the most obnoxious by its situation to receive such an impulse, should give way to the continual assaults upon it, is what we might most readily expect from the premises. Here we have an explanation full, and, we trust, convincing, of the frequency of a disease in the youngest and heartiest of the sex—which twenty years since was considered peculiar to those whose powers of life were greatly exhausted by demands upon them, or were already on the decline from age; an explanation, I may mention in passing, not yet offered, as far as I can ascertain, by any other writer.

We look upon the mischief thus done as no whit less than that effected by tight lacing; but if anything, greater—for it is more silently done. Friends cannot see, and do not understand, the evil at work, and therefore can give no warning word. The symptoms themselves commence so gradually and point so indirectly to the cause, as to excite no alarm in the victim. Exercise, which ought to invigorate, soon fatigues and becomes distasteful. Ascending a flight of stairs, or stooping to lift a comparatively light weight, instantly loads the hips with a burden that can scarcely be borne. The back, particularly at the lower part, feels sprained, and memory is taxed in vain for some injury to account for it. Dragging sensations around the hips, pain down the legs, and weak knees, are attributed to rheumatism. The symptoms may now begin to point more directly to the real seat of the trouble—every monthly period brings renewed sufferings, from which the system rallies more and more slowly—daily and hourly embarrassments occur of nearly all the organs within the pelvis—an irritable bladder (a very frequent symptom in my experience)—hæmorrhoids—unceasing pain and continual sensation of bearing down. The retiring delicacy of maidenhood shrinks from telling these, and unless marriage happily brings her under the care of a physician, the mischief goes beyond hope of relief.

Displacement of the uterus, though the most permanent and grievous trouble produced by the heavy skirts, is not the sole one. Close observation and more particular inquiries into the symptoms of dysmenorrhœa have convinced me that in very many cases the pressure above described keeps up, if it does not actually induce, a plethora of that organ, to which much of the sufferings at those periods may reasonably be attributed. This plethora, too, cannot be repeated often, or continued for a great while, it is evident, without alterations in the uterus itself, which must tend still further to embarrass it in the performance of its

functions, and entail suffering upon the patient. Acting upon my conviction of this cause of suffering at the monthly periods, I have advised, upon the first warning of the flow commencing, that the string around the waist should be loosened, and as many of the skirts removed as the temperature will permit; and this I have often found to give immediate relief to a great degree.

If my theory as to the cause of so many of the cases of uterine displacement be correct, we have with it an explanation also of the inefficiency of our means of remedying the disease. Any truss or abdominal supporter, to be efficient, acting precisely as the skirts do, by pressure externally upon the walls of the abdomen, must exercise a pressure fully equal to them before it can begin to do anything towards supporting the uterus. This is too clear to require demonstration. If it does act with equal force, we ask what can be the situation of a woman with a twelve-pound force pressing downwards and a twelve-pound force pressing upwards, upon the soft walls of the abdomen? What chance have the organs within of doing their duty, and how long, under such treatment, will it be before she can expect to lay aside such aids and assistances and find herself a well and hearty woman, with the original complaint perfectly remedied?

As a palliative to the evil of wearing such oppressive garments, we always recommend that they should be supported by shoulder-straps; and the suggestion of this simple expedient, imperfect as it is, has of itself brought us the heartiest thanks of the sufferers for the relief it has given them—assuring us that were the improvement carried further, in lighter and more equally-supported garments, greater relief might be afforded to our patients; and many, who are not such now, might be saved from becoming invalids.

The importance of the subject, I trust, will be a sufficient apology for the length of this paper, which I have tried to make as concise as clearness will permit. With a view to this, I have omitted to relate particular cases, though I could give several, highly illustrative of the correctness of my views, as well as more especial confirmations from expression of patients themselves, often clothed in the strongest language that relief from suffering and renewed health uses.

In conclusion, I call attention to a moral aspect of the subject—viz., that of all the peculiarities of woman's dress, which an appeal to the laws of physiology shows conclusively must seriously influence her health—low-necked dresses, corsets, tight and constraining waists, heavy skirts, narrow and thin-soled shoes—for not one of them is the shadow of a claim made that they contribute in the slightest to ease and comfort; but, on the contrary, it is openly professed that they are used solely and entirely for the improvement of the figure. By which we are driven to the inevitable conclusion, that either woman was sent "into this breathing world, scarce half made up," or that French dress-makers have greatly improved upon the pattern as originally devised by the Creator.

*Boston, July 26, 1851.*



## PALMER'S ARTIFICIAL LEG IN LONDON.

[THE following letter from Mr. Palmer, inventor of the improved artificial leg which goes by his name, and which has often been referred to in this Journal, will be read with interest, not only on account of the gratifying success which it represents an American invention to have received abroad, but for the allusions contained in it to the personal characteristics of many of the eminent surgeons of London.—ED.]

DEAR SIR,—Four weeks have elapsed since you shook my hand so kindly in the Crystal Palace, when about taking your leave of that Tabernacle of Nations, to return to our dear America! I hope you had a pleasant passage home, and am most certain it must have seemed sweet to arrive there and seat yourself in an easy Boston chair, after climbing over Alps, and traversing Arabian deserts on the backs of camels.

I promised you to write often, and the cause of non-fulfilment has been the fear that my letters would not interest your readers, or that in complying with your request (while I should gratify many friends) I should necessarily make such use of the “pronoun I,” as would cause many unacquainted with my very humble self to make as free use of the “interjection O”!

But my word is pledged; and as you insisted that I should tell the tale of my adventures in this metropolis, and that I should tell it in my *own way*, it shall be entered upon—and if you or any of your readers discover that I am getting into any places where so humble an individual has no right, you have only to pay my passage back in one of the Collins steamers, to keep me from setting my *foot* on “Royal Carpets” after September next.

But, in passing, I beg to remind you that I have not forgotten the time, some years since, when you, through your potential Journal, did so much to open the way to my present success; and to state, that but for your kind assistance, and that of your medical compeers in America, I might now be found among the granite hills of my native State—a State, by-the-by, *endeared to my heart by all the most pleasing and hal-  
lowed reminiscences*—instead of finding myself (as recently) in the “Uxbridge House,” surveying the mutilated hero of Waterloo and com-  
patriot of Wellington—or *squeezed* among the invincible tatterdema-  
lionary corps in Gauntlet Alley, leading from the Crystal Palace to Piccadilly!

I arrived in London April 17th, and after taking a short time to get the ground steady under me, so that the Patent Leg should not, like the “Golden” one—

“In a whirligig bout,  
Stick stiffly out,  
Like the leg of a *figurante*,”

I commenced my calls on the surgeons by visiting Professor Fergusson (Prince Albert’s surgeon), and was received with all the respect due—not to *myself*, for that would not be worth mentioning—but to the various eminent American surgeons who had honored me with letters of introduction to him and to others. Prof. F. examined, with much appa-

rent delight, the invention, and (if you will pardon the liberty I take in assuming a right not *formally* delegated) I will give you the verdict, *verbatim*, of this very eminent surgeon,\* and also of some of his compeers in London. In my journal I have carefully kept the same from day to day, and some of the remarks are so quaint, characteristic and significant, as to merit publication just as they fell from the lips of the authors. Prof. Fergusson is a man of pleasing, unaffected address, but somewhat commanding in figure and physiognomy. After inspecting long and carefully all the minutiae of the invention, he very gravely said, "It is *clever*! perfect! WONDERFUL." He then gave me a letter of introduction and recommendation to Mr. Cameron, medical attendant of Lord Anglesey. It was written in the most unequivocal terms of commendation of the limb and the inventor.

Upon presenting the letter at the Uxbridge House (the town residence of the Marquis), I was most kindly welcomed by Mr. Cameron, and by him conducted to the private apartments of "his Lordship" to receive an introduction. The old hero I found writing at his table, notwithstanding his locks have been whitened by the frosts of more than three score years and twenty. He arose, and greeted me with kindly words and smiles, bidding me welcome to London and to his mansion. The Marquis's leg fell (with Napoleon's homicidal glory) on the field of Waterloo, and a monument is there to its memory erected.

Mr. Pott, an ingenious man, who had, also, lost a limb, had the honor of making for the Marquis the description of leg which he has ever since worn, and which is called the "Anglesey Leg" in America. Mr. Pott is now dead, and so is also the only man who learned the business with him, and who remained in this country. The workmanship of the successor here, is not equal to that of some artisans in New York.

The Marquis, by my permission, ordered in his leg-maker to see the improved mechanism, and asked him what he thought of it. It was a hard question—he might as well have asked Napoleon what *he* thought of the fight at Waterloo! The artisan hesitated; but the hero continued, "I think it is most DEVILISH CLEVER"! The Marquis showed me all his riding and walking limbs, and the manner of applying the same.

William Lawrence, Esq., F.R.S. (Surgeon to St. Bartholomew's Hospital and President of the Royal College of Surgeons), I next visited. He is a most practical and approachable man, and received me with none of that cold reserve or *miserable* etiquette which must *sometimes* be endured. I went with him to the Hospital, where the limb was shown to a large number of surgeons. Mr. Lawrence indulged in the strongest terms of commendation; and Edw. Stanley, Esq. (another surgeon of the Hospital) then stated that, "with such a limb to repair the loss, amputations would now be *much less dreaded*." It was suggested that in some way it might be brought within the reach of hospital patients.

I most luckily there met Professor Henry J. Bigelow, of Boston, who having been chairman of the Committee on Artificial Limbs at the last exhibition in Boston, was prepared to assist me essentially. He stated that he had known the invention and its great success since it was brought before the public, and that it was incomparably better than any

other leg in America. The kind and decided terms in which he spoke, did much to make my position easy on my first appearance in a London hospital.

Next, I presented my foot at the door of the great Sir Benjamin; but (notwithstanding I had previously sent the most ample credentials) I was whirled about on the threshold by the following pleasant greeting, unaccompanied by even a glimpse of his person—"Come at *nine*, to-morrow"! Exit, instant. At "*nine, to-morrow*," I found Sir Benjamin in a happier mood, and not perplexed by a score of invalids. He was *very* affable, and entered into a critical examination, which having concluded, he declared very earnestly that the limb was "perfect," and gave me seven letters of introduction to eminent hospital surgeons, calling their attention to the invention as a "very ingenious" American production. I have since learned that he has omitted no opportunity of speaking of the same. He conversed with great freedom, and on *leaving* his door I was honored with his extreme and distinguished courtesy, which contrasted pleasingly with the irascible prelude of the day before. I am now acting under the auspices of Sir B. C. Brodie.

Joseph H. Green, F.R.S. (of the College of Surgeons) has been very active in helping me on, and his influence is very great. He said "it is much the best leg I have ever seen"—gave me an introduction to Mr. Wakley, of the Lancet, who said "I know of no leg which can compete successfully with yours." He proposed giving a notice in the Lancet, which will soon appear.

Bransby B. Cooper (Surgeon to ——— Hospital), after witnessing its action, sprang from his chair, and exclaimed—"It is *wonderful*—it is wonderful"!

Mr. Skey (Demonstrator of Anatomy at St. Bartholomew's Hospital) said—"It is most admirable"!—"is just what I have thought *might* be done." He continued—"I should prefer to say an Englishman makes the best leg, but I *must* say an American has, and I go for the *best*."

Mr. Guthrie greeted me with—"Who are you"! Answer—"An American." "Your name," continued he. "Palmer," replied I. "Oh yes, I have *seen* your wonderful leg," said Mr. G., "but *let me see it again*." I explained, and showed its practical operation—then asked the venerable compeer of Sir Benjamin Brodie for his opinion. He replied—"I can tell you in a few words what I think of it"—"it is a *much* better leg than is made in London."

Dr. Forbes received me with much kindness, and said, that though not personally acquainted with "such matters, he had the most entire confidence in the opinion of the many eminent American surgeons whose certificates and letters I presented.

Mr. Curling (Surgeon to the London Hospital), to whom I was introduced by Sir Benjamin Brodie, said—"It is most beautiful—the best leg I have ever seen."

Mr. Luke, Mr. Hilton, and Mr. Solly, were of the same opinion.

Mr. Shaw (Surgeon to the Middlesex Hospital) called at my rooms and gave an order for a leg for a brother in Edinburgh, who is a judge of one of the higher courts in that city.



I might go on for hours, giving you the names and expressed opinions of European surgeons who have honored me with their attention ; but the list is *now too long to be read*, and I will close it by informing you that several distinguished French surgeons, among whom are Professor Lallemand, Member of the Institute, &c., and M. Roux, Surgeon to the Hotel Dieu, have invited me to Paris. I have a patent in France, also, and am about to introduce the leg there.

I must not omit mentioning that his Excellency, Abbott Lawrence, received me with his most cheering smiles of encouragement. For such a reception by the American Minister, I am greatly indebted to Peter Hubbell, Esq., a high-minded and distinguished gentleman of Charlestown, Mass., who has for near four years made use, in person, of my invention ; also to Hon. Amos Lawrence, and Thos. Fletcher, Esq., of Philadelphia, who gave me the most valuable letters of introduction. Mr. Lawrence offered every assistance in his power to further my views. He gave me an introduction to Sir David Brewster, who is chairman of the Grand Jury of the great exhibition.

Sir D. Brewster said I had "given good practical proof of the superiority of the invention," and that so valuable an article would not fail of being duly appreciated when they made their awards.

I have noted down in my journal the expressed opinion of every surgeon and member of the Jury on such mechanism as mine, which, however, I do not feel at liberty to publish while their official report is pending ; but this I will say, that no committee, either in Boston, New York or Philadelphia, ever committed themselves half so far in praise of the leg while an award was pending, as have this Jury. You shall be informed of the final issue, and shall have a copy of their report.

I have sent to Springfield for one of our mechanics to come *immediately over*, and shall have a manufactory open here in about one month from this time ; and you, who have so kindly and earnestly interested yourself in my behalf, shall hear from time to time of my future success. And just in proportion as my interests are promoted, or as your very humble, though not unambitious servant is increasingly honored, so will increase the debt of gratitude I owe to yourself and many kind and efficient friends in my own dear country, who have cheered me on by friendly acts at home, and have sent "a wish or a thought after me" across the ocean.

In conclusion—my success thus far has exceeded my own anticipations. I have found a *readiness* to appreciate, and *frankness* to acknowledge convictions, which are beyond my former belief ; in truth, I have been *honored* much beyond my deserts, and been mistaken in high places for a much greater man than I am, or expect to be. I must tell you that, at the request of several surgeons (among whom were Mr. Arnott, Mr. Shaw, and the President of the College) I attended, last week, a grand "*Conversazione*" at the Royal College of Surgeons ; where I was compelled to run the gauntlet from 8 till 11 o'clock at night, between files of surgeons extending across the great room. It was a great opportunity, and whether I successfully embraced it or not, you can learn of the men whose names I have used in connection with the learned assemblage.

Thinking your readers furnished with a sufficient number of capital  
 "I's" to enable them to read my letter without spectacles,

I remain your most ob't serv't,  
 London, July 10, 1851.

B. FRANK. PALMER.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 6, 1851.

### EDITORIAL CORRESPONDENCE (CONCLUDED.)

*Berlin.*—More beautifully arranged cabinets are no where within my recollection, than those of the School of Mines, and the mineralogical collection in the University of Berlin. There is a small piece of meteoric iron, in which a wrought stone is fast, having the moon and stars cut upon it—and the little mass was probably once a ring, and found at Pompeii. Somebody had it made out of the metal from the skies, in a remote age—which demonstrates that meteoric iron fell then, as it now does, occasionally. No such thing as a description of the museum could be undertaken by any others than the professors and curators. One block of malechite, from Siberia, is valued at 4000 thalers—not far from \$2,800 of our currency. The first diamond ever found in Siberia, discovered by Humboldt, was shown me. Some slabs, containing fossil foot marks of the Chirothereum, are striking specimens. The anatomical museum occupies a spacious suit of apartments, but it did not come up to my expectations. Two human skeletons, over seven feet tall, were the gems of the place. All the wet preparations, and those in comparative anatomy, struck me favorably. The zoological cabinet is vast. Every section is unsurpassed for neatness and order. There are 22,000 birds set up. The fossil bones are not numerous or rare to a person who has seen the collections in France and England.

The medical school of the University, conducted by the most learned of men in their several branches, is not a very large one, taking into consideration the reputation of the faculty, and the centralization of every thing scientific at Berlin. Two courses of lectures are delivered in the year, of six months duration each. Two months slip away in a manner to make out only ten months of lecturing. The professors realize but small fees for their laborious services. They would be frightened at such incomes as some very common kinds of talent command in some of the medical schools of the United States. Prof. Weiss and Prof. Gustavus Rose, gentlemen of extensive learning, are the professors of mineralogy and crystallography. Prof. Ritter—that extraordinary man in physical geography—is a tall, large-sized, heavy man, with a gigantic head, covered with flowing, long white hair. He is all kindness and cordiality—and cannot be otherwise than a very agreeable man. He is 72 years of age, having been born at Quedlingburg, Aug. 8, 1779, but active and ambitious as ever. His library embraces his own favorite topics, and some of every thing else. He seems to live in the midst of the collection, as all these German scholars do—for they have scarcely a thought beyond the immediate subject to which their laborious lives are devoted. Prof. Ehrenberg—the literal meaning of whose name is "mountain of honor"—is quite a short man, thick set, with a round full face, hair quite gray, whose enthusiasm is great on microscopical researches. He was born at Delitzsch, April 19, 1795. He,

too, lives among his books. His work on the Nile will soon be out, and I am expecting much gratification from perusing his investigations. He has ascertained that something like an eighth of the mud, brought down by the annual overflow, is a mass of microscopic beings. The land is therefore fertilized by animal matter. He showed me perhaps two dozens of homœopathic-looking phials, in which were specimens of dust that rained down in different countries, and at different periods, which, on inspection, has proved to be fossil animal formations. Some were detected by him, alive. Wherever such phenomena as falling dust, red snow, &c., occur in our country, he expressed a hope that some of it might be preserved for analysis. I called on Prof. John Müller—a name familiar to American physicians—professor of physiology and comparative anatomy in the University. He was born at Coblenz, July 14, 1801; is a stout framed man, broad chested, with a large head, and short dark hair; seems very restive, constantly changing his position, as though intensely excited. He has apparently been over-worked. Four times a week, from 8 to 9 A. M., he reads a lecture on pathological anatomy; three times, from 6 to 7 A. M., on the special physiology of man; and five times a week with demonstrations and experiments on animals.

A day was set apart for an excursion, about seventeen miles, to Potsdam, a royal residence—which is an island about four miles diameter, in the river Haull—an unco place, quite flat, but through the ingenuity of man and the plastic efforts of nature, is altogether a beautiful spot. It has 30,000 inhabitants, and on account of the indomitable character of Frederick the Great, who richly embellished it, must always remain a classic spot. The new palace, so called, of red brick, is splendid—and its appointments, pictures, marble halls, &c., make it a match for the royal residence in France. Some excellent things by Rubens, Vandyck, and a hundred others, adorn the walls. One immense apartment has its walls entirely covered with mineralogical specimens, stuck fast in cement; while pilasters, arches, cornices and beautiful devices, are entirely constructed of shells, of all sizes, shapes and colors. I never saw a more curious finish, nor one more easily made. I was shown the very room and furniture used by the pride and glory of Prussia—Frederick the Great—the table on which he wrote, and the identical books he took pleasure in reading. The collection of books is small, and chiefly in French. The tables, silver-gilt chairs, elegant tapestry and beautiful beds, show he had good taste, if he did sleep in his boots on the floor. Some of the cabinets were superb—being made of turtle shell. Charlottenhoff—a summer place, where his present majesty sometimes takes tea—is perfectly charming. The grounds are picturesque, and the trees left to bend and twist, unrestrained, as they are inclined. Besides the fish ponds, and other aquatic enclosures, there is one given up to the uncontrolled possession of mud turtles. The idea is quite original, and it was amusing to look upon such an army of them, perfectly domesticated, and of all ages and sizes, sunning themselves. From thence I travelled to the palace of *Sans Souci*—a favorite with Frederick, who erected it. But a few rods from the front entrance on the left, in a rich piece of green sward, shaded by the figures of marble statuary, are the graves of his dogs, and a celebrated horse which he rode in his campaigns. Each dog-grave has a slab, with the name of the animal cut upon it. The great monarch used to say that they were faithful friends, and he honored their fidelity. A few rods off, in another direction, is a windmill which he presented to the ancestor of the present owner. When



laying out the grounds of *Sans Souci*, exactly on a corner of the proposed domain there stood a miserable windmill, from which Frederick tried to drive the owner away. But he was a sturdy fellow, and refused to budge, even for a king. Frederick then offered to purchase; but being provoked, it would seem, he refused to sell, and the king then instituted a suit at law, to get rid of the nuisance by legal measures. After a protracted hearing, the miller beat him, the judge deciding against the claims of their royal master—a decision that excited surprise throughout the kingdom. But, contrary to all expectation, Frederick was delighted with it;—he thanked God that he had such upright judges, and that justice in his dominions was faithfully administered. He then re-built the mill in a substantial manner, and it is not only still grinding corn every day, but remains in the same family, and is a monument of which the nation is justly proud. Frederick the Great is the first and only great thing Prussia has ever produced in the form of a king; and hence every act of his eventful life is a subject for the artist and the historian. A bust of the late Queen Louisa, mother of the present king, in a separate building, hung with drapery, is an unmatched production. Rauch, the Berlin sculptor, is a genius of the first order. He was a servant to the very queen whom he has thus immortalized in marble. He is now finishing an equestrian statue of Frederick the Great, which, as before mentioned, is to be forty feet high: and the horse, with his royal rider, seventeen feet. The pedestal is covered by bas reliefs, representing the whole life of Frederick, and there are fourteen full-sized figures, fac similes of life, lower down. I visited the artist in his studio, and he kindly permitted myself and another American to examine, at our leisure, the whole group, both in plaster and bronze. It will be the finest monument of the kind in Europe. Gentlemen expressed their surprise that we had been indulged with a sight of what was denied the good people of Berlin.

I went to Charlottenburg, to see the mausoleum erected over the remains of the father and mother of the reigning king William III. and his queen Louisa. It has a costly front of polished red granite—the columns being of one piece, and fluted. They are splendid specimens of the perfection to which the art of stone-working is now carried in Germany. No remarks on the recumbent statues of their majesties are necessary, as, in these governments, kings and queens are beautiful by divine right, as much as their authority for trampling on the liberties of mankind is of the same high origin.

It was my happiness, while in Berlin, to be favored with an agreeable personal interview with the greatest man living—viz., Baron Alexander Heinrich Friedrich Von Humboldt—whose name is identified with all that is great and dignified in science. He is a man by himself, and without a superior in intellectual vigor and resources. Those who remember, in Boston, the late Hon. Peter C. Brooks, can form a just opinion of the personal appearance of Humboldt. Although a small man—born so long ago as Sept. 14, 1769—he is all animation, and his conversation of the most varied and interesting character. His face is without a wrinkle; his eyes are sparkling as ever, and I saw him read without glasses. This shows that we were made to be exercised, and those who are the most energetic not only enjoy the best health, but also have the longest lease of life. Being never married, his entire days have been actively devoted to scientific pursuits. He gave me some account of his travels in equatorial America, and in Northern Asia. Through him the gold regions of the Ural Moun-

tains were discovered. His observations on the auriferous regions of California were new and instructive. He distinctly maintains that the quantity of gold there is not as large as represented. The yield has not been yet equal to the Russian mines, and the value of the metal will not be lessened by the Californian discoveries. I do not feel at liberty to relate, as freely as some might desire, the remarks of this extraordinary philosopher. Knowing I had been travelling in the East, he made inquiries in regard to the countries visited, and then adverted to his early adventures in Mexico. A gentleman who has the honor of frequent intercourse with him, says that a second part of the *Cosmos* is in preparation. So industriously employed is this pride of Prussia, the favorite of the king—who gives him a paradise of a residence in the palace at Potsdam, when he goes out of Berlin—that he is reputed to sleep but four hours out of the twenty-four. I have never been in the presence of any man who surpassed him for learning, kindness, simplicity, and true majesty of person.

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*Illegibly-written Prescriptions.*—That well-managed and useful work for apothecaries, the *American Journal of Pharmacy*, details a case, attended with fatal results from the miserable hand-writing of a physician. The jury of inquest rendered the following verdict, viz., “that the said Henry J. Rowland came to his death by a seated disease of congestion of the brain, which disease was matured from disorganization of the stomach, produced by over-doses of worm-seed oil, as prescribed by the family physician. The jury deem it but justice to state, that no blame should be attached to David A. Shultz, in the employment of Robert Shoemaker, druggist, in causing the death of said child.” Without copying the whole article, it is sufficient to observe that the prescription was so illegibly written, the only thing that could be made out of it was an article that proved destructive. Physicians are prone to become exceedingly, if not reprehensibly, careless in the hurried scrawls they too often make in their recipes. The wonder is that so few accidents occur from that source. Nothing but the familiarity of an apothecary with the peculiarity of some obscure chirography, in certain cases, saves both life on one side and reputation on the other. Lawyers proverbially write so that they can scarcely be read—but as their notes relate to fees, each scrawl is tolerably well decyphered before payment. Whereas the physician’s obscure abbreviations are taken for granted to be some ill-flavored drug, which is swallowed without a murmur—it may be for life or death.

We perceive the *Journal* above alluded to is violently opposed to the reform now going on, of writing prescriptions in English. Reluctantly as the editors part with the old system, they must yield, or by-and-by be left behind.

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*Philadelphia College of Physicians.*—A quarterly summary of the transactions of this Society, from May to July, 1851, has been received. Mess. Lippincott, Grambo & Co. are the publishers, and consequently it will be sure to be distributed seasonably, and with regularity. The novelty in this particular number, is Dr. Niell’s relation of a singular case of hermaphroditism. The lemon-juice treatment of rheumatism is also adverted to. We are not quite converts to this practice yet, but it is possible we may finally come to it.



*Maternity—A new Medical Work.*—Stephen Tracy, M.D., of Worcester, Mass., has prepared a work, with peculiar care, entitled "*Maternity—its Phenomena, Duties and Responsibilities; with Engravings.*"—The author is extremely modest and unpretending, but his industry and research show him to be a student of no ordinary kind. The manuscript, now before us, indicates an uncommon degree of patient investigation, coupled with a desire to present scientific truth in plain language. Of course, some publisher will be glad to take it in hand, but the future disposition of the treatise is quite uncertain. The pages are in readiness for the compositor, and they should be in his hands. Dr. Tracy has been very obliging to permit an examination of his prelections, and we assure him it will be gratifying to hear that some publishing house has made a satisfactory proposition to him with regard to putting the sheets into type.

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*High Charges by Homœopathists.*—The fact is announced in the Boston Atlas, that a homœopathic physician of this city made nine visits to a gentleman out of town, for which a bill was presented of \$500. Had one of even the most talented and skilful members of the regular medical profession charged one hundred dollars for the same number of visits, he would have been denounced as an extortioner. No order of practitioners are so proverbial for enormous charges as these homœopathists—nor are the people willing to pay others so generously. A love for novelty is the only solution of this mania of paying for nothing.

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*Fright producing Death.*—It is important that the following extraordinary effects of fright, upon a strong, unreasoning animal, should be preserved for future reference. "A horse belonging to Mr. Joseph Palmer, of Franklin, Mass., was grazing in the yard near the fence, when the elephants belonging to Barnum's Menagerie were passing along. The horse did not observe them till they were quite close to him, when looking up and seeing the huge animals, he started back in fright, ran to the opposite side of the yard, stood for a moment quivering, then dropped dead. He was literally frightened to death. The extreme aversion of horses to animals larger than themselves is nothing new, but this is probably the first instance of such a remarkable result."

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*Iodine Manufacture.*—When iodine might be made on this coast profitably, why has no one embarked in the enterprise? A demand for it, in the arts, is presumed to be constantly increasing, and the price will increase, if no competition is attempted. The outlay of capital would be quite small, while the demand would insure a certain profit. While iodine is worth a dollar and a quarter an ounce, the inducement would seem to be strong enough for the formation of a joint stock company to embark in its production.

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*Curious Surgical Case.*—A daughter of Haran Richardson, of Schuyler, Herkimer county, New York, recently had a finger completely severed just back of the root of the nail, by a straw cutter. The severed portion was reunited by Dr. Day, and although it had been separated some ten or fifteen minutes before it was replaced, the union was perfected.

*Medical Miscellany*—Seven of the females confined in the Cincinnati jail were found to be chewers of tobacco.—There are 11,000 more males than females in Maine. The matrimonial chances of the ladies are good!—Dr. Stewart has resigned his office of Physician of the Marine Hospital at Staten Island, New York, and Dr. Doane has been appointed to discharge the duties.—Yellow fever has disappeared from Rio Janeiro.—An aged woman recently died near Falkirk, from the bite of a cat.—A medical man, in Ohio, is spoken of as having run away with a female patient, leaving his own wife and children behind.—A magnificent treatise on surgery is promised by Messrs. Lippincott, Grambo & Co., Philadelphia; which is to be illustrated with numerous steel engravings, colored in the best style of art.—Dysentery is prevailing in various parts of Virginia and Maryland, of a malignant type.—The hydropaths who made the attempt to purchase Mr. Barnum's fairy residence at Bridgeport, Conn., for a water-curing establishment, could not dispose of the stock, and therefore lost \$6,500, which had been paid for a bond for a deed.—A notion prevails in New York, that the mortality there, among young children, is attributable to the bad quality of milk. No doubt it is bad stuff, owing to the unnatural aliment of the cows kept in the city.—Smallpox has again appeared in one or two places in Vermont. Cases exist, also, in Boston.—Infantile mortality has considerably increased in all the cities, for the last few weeks, an event that annually occurs in the meridian of hot weather.—Sarsaparilla drinkers are quite tired of the universal panacea, and want something new invented.—Several persons pretend that the Twigg's medicine for turning gray hair to its primitive color, is infallible. It is made of acetate of lead, 1 drch.; flour sulphur, 1 drch.; in 2 ounces or more of rose water. By moistening those indicators of old age, thoroughly, several times a day, a surprising rejuvenation is said to be effected, and the individual ultimately looks as good as new!—No one has yet had courage in this country to propose the new German practice, of feeding the sick heartily. It is likely the plan would be popular, simply because it is a foreign suggestion.—Invalids at the medicinal springs feel themselves able to dance, this season, without reference to the height of the mercury, and dine indiscriminately, also, on dainties. We live in a favored land!—A German lady, 22 years of age, died last week at New York, from inhaling chloroform. She was in the habit of using chloroform for a fortnight or more previous to her death, as a remedy for the toothache.—The State Lunatic Asylum, at Harrisburg, Pa., is completed according to contract. It is 500 feet in length, and three stories high. It has cost about \$100,000.

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MARRIED,—At Glastenbury, Conn., Dr. H. S. Gilbert to Miss M. G. Strickland.

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DIED,—At Coneant, Ohio, Greenleaf Fifield, M.D.—At New York, Charles H. Oakley, M.D., of the U. S. Navy, 33.—At Montville, Conn., Dr. Ephraim Fellows, 34.

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*Deaths in Boston*—for the week ending Saturday noon, Aug. 2d, 85.—Males, 51—females, 34. Accidental, 2—disease of bowels, 12—congestion of the brain, 2—consumption, 12—cholera infantum, 10—cholera morbus, 3—croup, 1—dysentery, 5—diarrhoea, 1—dropsy of the brain, 2—drowned, 3—erysipelas, 1—fever, 1—typhus fever, 2—scarlet fever, 1—lung fever, 1—hooping cough, 1—disease of the heart, 5—infantile, 7—marasmus, 3—measles, 1—old age, 1—palsy, 1—teething, 5—tetanus, 1—worms, 1.

Under 5 years, 46—between 5 and 20 years, 10—between 20 and 40 years, 14—between 40 and 60 years, 12—over 60 years, 3. Americans, 39; foreigners and children of foreigners, 46.

The above includes 4 deaths at the City Institutions.

**BERKSHIRE MEDICAL COLLEGE, at Pittsfield, Mass.**—The Trustees and Faculty of the Berkshire Medical Institution are happy to announce to the Profession and the Public, that the destruction of one of the College Buildings by fire, will not interfere in the slightest degree with the regular course of instruction at this Institution.

The New College will be completely finished and ready for occupancy on the 1st of January next, and fully furnished with a new and extensive Museum, improved apparatus, and all the appliances for successful teaching; in the mean time a convenient Building is in readiness for the ensuing Lecture Session.

The Lecture Term will commence on the first Thursday (7th day) of August, 1851, and will continue sixteen weeks.

Theory and Practice of Medicine and Obstetrics, by Dr. CHILDS.

General and Special Pathology, by Dr. CLARK.

Chemistry and Botany, by Dr. DEWEY.

Anatomy and Physiology, by Dr. PALMER.

Materia Medica and Medical Jurisprudence, by Dr.

Surgery, by Dr. MOORE.

Demonstrator of Anatomy, Dr. T. CHILDS.

Fees for the Course, \$30; for those who have already attended two full courses at other Institutions, \$10; Matriculation fee, \$3; Graduation fee, \$15. Students who have attended two full courses of lectures at this Institution, will be required to pay a contingent fee of \$3.

The Summer Reading Term will commence on the first Thursday in June, and continue till the commencement of the Lecture Term. This term will be devoted to recitations and familiar lectures on the several branches—with theses from the class. It will be preparatory to the Lectures, and *gratuitous* to those who propose to attend the succeeding Lecture Session. Students are earnestly advised to avail themselves of the advantages afforded them by this preliminary course. July 2—6t

**MASSACHUSETTS MEDICAL COLLEGE.**—The Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November, and continue four months.

Obstetrics and Medical Jurisprudence, by WALTER CHANNING, M.D.

Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.

Theory and Practice of Medicine, by JOHN WARE, M.D.

Pathological Anatomy, by JOHN B. S. JACKSON, M.D.

Anatomy and Physiology, by OLIVER W. HOLMES, M.D.

Principles and Operations of Surgery, by HENRY J. BIGELOW, M.D.

Chemistry, by J. P. COOKE, A. M.

Clinical Lectures are delivered at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization, a discovery first made in Boston, and matured and established in the Massachusetts General Hospital, is practically taught in this school.

Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$3,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

The professors of Pathological Anatomy, of Surgery, and of Chemistry, are now pursuing their medical inquiries in Europe, but are expected to return in season to be present at the opening of the coming course.

Fees for the whole course, \$50. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

June 11.—eptl.

**NEW UTERINE SUPPORTER**—Invented by Dr. ROBINSON, and far superior to his Improved Pessary—not liable to break nor corrode—small, worn with ease, can be applied by the patient, and answering all purposes, where *mechanical support is needed*. It has been examined, approved and used by many physicians. All are invited to call and examine it.

Sold only by Dr. J. H. ROBINSON, wholesale and retail, at No. 4 Montgomery Place, Boston.

Jan. 22—eplty

**HERRING'S CROTON OIL**—for sale by PHILBRICK & TRAFTON. Nov. 6.

**UNIVERSITY OF PENNSYLVANIA. MEDICAL DEPARTMENT. EIGHTY-SIXTH SESSION, 1851-52.**—The Lectures will commence on Monday, October the 6th, and terminate about the end of March ensuing.

Theory and Practice of Medicine, by GEORGE B. WOOD, M.D.

Anatomy, WILLIAM E. HORNER, M.D.

Materia Medica and Pharmacy, JOSEPH CARSON, M.D.

Chemistry, JAMES B. ROGERS, M.D.

Surgery, WILLIAM GIBSON, M.D.

Obstetrics and the Diseases of Women and Children, HUGH L. HODGE, M.D.

Institutes of Medicine, SAMUEL JACKSON, M.D.

Clinical Instruction at the Pennsylvania Hospital,

by GEORGE B. WOOD, M.D., and by GEORGE W. NORRIS, M.D.

Demonstrative Instruction in Medicine and in Surgery, by the Professors of the MEDICAL FACULTY,

assisted by W. W. GERHARD, M.D., and HENRY H. SMITH, M.D.

Practical Anatomy, by JOHN NEILL, M.D., Demonstrator.

Amount of Fees for Lectures in the University,

\$105. Matriculating fee (paid once only), \$5. Hospital fee, \$10. Practical Anatomy, \$10. Graduating fee, \$30.

W. E. HORNER, M.D.,

Dean of the Medical Faculty.

386 Chestnut st., above Thirteenth, op. U. S. Mint,

Philadelphia. June 15, 1851. Je25—ept1

**SMITH & MELVIN'S LIQUID EXTRACT OF**

**OPIMUM**—Containing all the desirable Alkaloids

of Opium, in a natural state of combination, purified

and rendered permanent.—The want of a uniform

preparation of Opium which should take the place

of Laudanum, as usually prepared, has been long

felt by physicians and others. Having been daily re-

maining in dispensing medicines, of the uncertain

strength, as well as objectionable qualities, of several

preparations of this important drug, the subscri-

bers were led to substitute for these a refined chemical

solution, prepared by them, of all the active medicinal

constituents of Opium, rejecting the Narcotine

and other deleterious compounds.

This Fluid Extract is a solution of the Salts of

Morphine, Codeine, Thebaine, Narceine and Meco-

none, with Meconic and Malic Acids, in the same

proportions as they naturally exist in the best Opium.

They are extracted without change of composition,

or addition, and rendered permanent in this form.

Narcotine, and other exciting and deleterious

compounds existing in the Opium, are completely

removed. While, therefore, it possesses all the

valuable properties of the Salts of Morphine, it has

the higher claim of possessing the properties of the

unadulterated drug for exhibition in cases not under

the control of Morphia Salts.

Its strength is precisely that of the original officinal

Laudanum, and this standard, accurately fixed,

will be maintained in all the parcels bearing our signature.

The purchasers will therefore obtain the

native Morphia Salts at a lower price than that of

the artificial, and will enjoy a less repulsive remedy

than Laudanum, with entire freedom from the de-

rangeant which artificial Morphia Salts often produce.

Its anodyne action on the system is the same

as that of the English Black Drop, while the debilitat-

ing and relaxing effects of that preparation are

not produced by its continued use.

SMITH & MELVIN, Apothecaries,

April 9. 325 Washington street, Boston.

*Certificate from Dr. A. A. Hayes.*—"I have been

requested by Messrs. Smith & Melvin, to analyze

their preparation of the Salts of the Alkaloids in

Opium, called *Liquid Extract of Opium*, and to

examine their processes for preparing it.

This new medicinal preparation is the result of a

beautiful pharmaceutical method, exhibiting both

chemical and professional knowledge, applied with

great skill and care. As stated by them, I find the

*Liquid Extract* has been divested of Narcotine, and

those substances deemed poisonous—certainly highly

repulsive—while the natural Salts existing in Opium

are retained in a nearly pure state.

I can most confidently recommend this as the

best of the known compounds of the Opium Alka-

loids, and the only one in which they are unaltered

and rendered permanent.

Respectfully, A. A. HAYES, State Assayer.

1 Pine Street, Boston, 1st May, 1850."

**TINCTURES** from English leaves of Hyoscyamus,

Conium, Digitalis, Belladonna, and Aconite,

Tinct. Indian Hemp. These Tinctures are of official

strength. Sold by PHILBRICK & TRAFTON.

Nov. 6.



T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, AUGUST 13, 1851.

No. 2.

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DISLOCATION OF THE FEMUR ON THE DORSUM ILII. REDUCIBLE  
WITHOUT PULLEYS, OR ANY OTHER MECHANICAL POWER.

[THE following essay, containing important suggestions respecting the treatment of a form of dislocation which is usually attended with much difficulty and danger, was read before the Monroe Co. (N. Y.) Medical Society in May last, by W. W. Reid, M.D., of Rochester. It is copied by his request and on account of the importance of the subject of which it treats, and the extensive experience of Dr. R., from the August number of the Buffalo Medical Journal. The value of the novel method proposed must be tested by additional trials by himself and others.—Ed.]

GENTLEMEN,—I propose to show that dislocation of the femur on the dorsum ilii, may be reduced without pulleys, without Jarvis's adjuster, without Fanbestock's twisted ropes, without an assistant, in less time and with far less pain, than by any mechanical means whatever, simply by the hand and strength of the operator alone.

The announcement of a proposition so novel, so ultra, and contradictory to the teachings of all standard writers on surgery for the last hundred years, exposes me, I am aware, to the sneers of some, to the pity of others, and to the charge of rashness by all, and requires that I make good my statement by undoubted and substantial proof.

The subject matter of this paper has been written, but withheld from the public and profession, several years, principally for two reasons:—

*First.*—The theory and practice here recommended are so diametrically opposed to all our highest surgical authorities, whether among the living or the dead, that I have shrunk from the obloquy and opprobrium that are apt to attach to an innovator upon long-established opinions, dogmas and practices, especially when held and taught by men in our profession of profound science and practical skill.

*Second.*—I had to wait some four or five years for an opportunity to put to the test this mode of reducing a luxation of the hip-joint, before a case presented itself in my own practice. In the spring of 1844, the first opportunity offered, but as "one swallow does not make a summer," I was still unwilling to venture before the profession, although so far as one case could establish a principle, this one did so, as we shall see directly. During the past year (1849), two other cases have fallen into

my hands, and have rendered what was before certain to my own mind, "doubly sure."

As the facts and views here adduced call in question, and entirely controvert several important dogmas of physiology and surgery, taught as *truths*, by the Bells, Sir A. Cooper, S. Cooper, Fergusson, Druit, Liston, Chelius, South, Physick, Wistar, Dorsey, Mott, Warren, Gibson, and other eminent teachers of surgery, I may be pardoned if I briefly sketch the mental process, the observations and experiments by which I arrived at conclusions so diverse from the teachings and experience of such eminent surgeons.

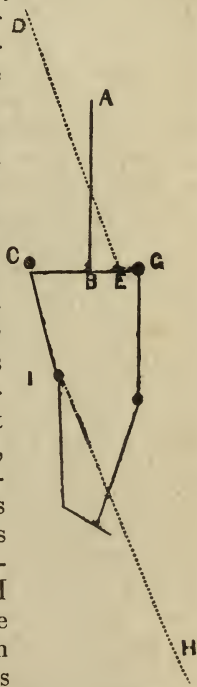
During the years 1826, 7 and 8, while a student of medicine and surgery, it was my fortune to witness several cases of luxation of the head and fracture of the neck of the femur. We had at that time in our embryo city of Rochester, of ten thousand inhabitants, a corps of some six surgeons and physicians of as great efficiency and skill as any town of its size could boast. When so important an operation as the reduction of the hip-joint was to be performed, several, if not all, of these gentlemen, usually met together, with their students, and among them myself.

Having witnessed, on several occasions, the *inquisitorial torture* inflicted upon the unfortunate patients—their screeching—their piteous begging to be released—the slipping of bandages—the yielding and readjusting of fixtures—the delay—the duration of the operation, sometimes two or three hours—the exhaustion of the patient, and after all, in some instances, a failure, and the patient a cripple for life, a profound horror and prejudice against the use of pulleys seized me (Jarvis's Adjuster had not then been invented), and I could not avoid the conviction that so great power was unnecessary, and that it must be misapplied. Preceptors, professors and authors, were interrogated—the unanimous reply to all my queries was—"to overcome the contraction of the great muscles, which drew up and shortened the limb, viz., the glutei, triceps, femoris, the iliacus internus and psoas magnus." But do not these same powerful muscles contract and shorten the limb when there is fracture in the neck of the femur? Yes. And you tell me that one of the diagnostic symptoms between fracture and dislocation on the dorsum is, that in fracture the limb can be easily extended to its normal length, by the strength of one man, while in luxation it cannot. Now why do these great muscles require so much more force to overcome them in one case than in the other? To this, I could get no satisfactory nor even plausible reply.

The next reflection that arose, was, perhaps the capsular ligament might be merely rent by a slit, so as to permit the escape of the head of the bone, and thus grasp it around the neck, and consequently, when forcible extension was made on the limb, the ligament must be torn up to admit the return of the head to the acetabulum. But Sir A. Cooper says no; for he had dissected two or three dislocated hip-joints, and always found the capsular ligament completely torn up, so that it could offer no resistance to the returning bone. This, however, is but negative proof, and might not apply to all other cases that have occurred



the world over, and which he did not dissect—nor does it appear but that in those he did dissect, the ligaments had been torn up by the application of pulleys, and not by the force that dislocated the bone. It is not doubted or denied, that in some instances the ligaments are completely broken up, by the dislocation; but admitting that Sir A. Cooper and his followers are right, then there must still be a reason for the difference of power required between a luxation and a fracture to extend the limb to its normal length. It may be in the impracticability of the instrument; for it is evident, on the slightest inspection, that the action of the pulley is *indirect*, most awkward, and unscientific in a mechanical point of view. This is easily illustrated by a simple diagram. Let A B represent the axis of the body; C G the transverse axis of the pelvis; C I the dislocated femur; D E the counter-extension; I H the extension and direction of the force by the pulley. N. B.—The positions here given are those directed by the most approved writers on surgery. Counter-extension is here represented as being made from the perineum of the side opposite the injured limb; for, as Professor Gibson and others very justly remark, counter-extension on the perineum of the injured side greatly irritates the adductor muscles, stimulates them to contract, and thereby confines the bone and prevents its mounting over the edge to the acetabulum, defeating the very end we are striving to attain. But *mechanically* it is the very worst point or position that can be selected, hence authors do not agree in their directions. *Physiologically* it is the best, but *mechanically* it is the worst. Let us refer to our diagram. D E being the line of counter-extension, E becomes a kind of fixed point, and, as it were, a centre, about which we describe a circle, whenever we apply force, by the pulley in the direction of the line I H. For it is evident, that force thus applied, has a tendency to bring all the movable points into one and the same straight line, with the two opposing forces—that is, to bring the points E C and I into a direct line with D and H. Consequently, the points A and C move in a circle around E, which, in reference to A and C, is a fixed point, yet it moves laterally in a right line towards C till it comes in a right line with D and H. Now the effect of this is to *abduct powerfully* the dislocated femur, and thereby “irritate the adductor muscles and stimulate them to contract,” &c.; and thus, by this *indirect* action of the pulley, we defeat our own intentions—cruelly torture the patient, and perchance fracture the neck of the bone—an accident that has occurred more than once, in the hands, too, of eminent surgeons both in this country and Europe. And, as if to render this accident more certain, these same men, and others renowned for scientific attainments, have recommended a practice, which, to say the least of it, manifests the most deplorable ignorance of the science of mechanics—I mean the placing of a strap



or similar appliance, under the thigh close to the pelvis, and then attempting to lift it into the socket, while extension is being made—some have even applied another pulley laterally. In my judgment there is no reprehension too severe for such a practice, and the professor who would teach it, should be turned back to a class of sophomores to study *mechanics*, especially the power of the compound pulley.

But suppose we change our counter-extension from the sound to the injured side, the point E is nearer to a right line with D and H, and the lever of C E is shortened, and consequently the extending force acts so much more directly; but then another and worse difficulty meets us. The counter-extension band on the perineum, passes over and confines the *adductor* and *rotator* muscles, all of which are already in their utmost state of tension, and the moment force is applied they are made to hug the head of the bone, if possible, still more immovably, down upon the dorsum of the ilium, behind the brim or ridge of the *acetabulum*; and, in this way, so far as these muscles are concerned, our forces, both extension and counter-extension, are expended upon these muscles themselves, with little or no tendency to reduce the bone. While here, as before, the effect of the “extension is to rotate the body and pelvis around the point E as a centre—*abducting* the fractured thigh more and more as the force increases, till, by-and-by, we bring other muscles, which have been in a comparative state of rest, or very partial tension, into violent *tension* and resistance,” viz., the *iliacus internus*, *psoas magnus* and *triceps*—and thus we array against us (unnecessarily as I shall show) the power of nearly all the muscles of the joint. And, as I shall have occasion to note hereafter, we probably always rupture the *pyriformis*, and indeed several other muscles, more or less.

These remarks and observations were originally made in reference to the use of the pulley, as “Jarvis’s Adjuster” was not then known to me, but they will be found to apply, in a great measure, to the action of the latter. But it must be admitted that it is less objectionable than the pulley, for reducing dislocations, while it has many other valuable uses, to which the pulley cannot be applied, but for dislocation of the hip it is entirely unnecessary.

For the first ten years of my professional life, the subject of dislocated hip on the *dorsum ilii*, was never long absent from my thoughts. Its investigation was repeatedly laid aside, and taken up whenever anything occurred to recall it. One day, while sitting with the skeleton before me—the femur dislocated, and the head held firmly with one hand, traction and evolutions being made with the other—studying the relative condition and action of the muscles, and observing how severely some of the adductors and rotators must be stretched, it suddenly occurred to me that it would be important to know how much they would *elongate* beyond the normal length before they would rupture. “*To tire out*” and “*stretch*” muscles, was a common expression of authors when advocating the use of pulleys. But whether they intended by such language merely to convey the idea of overcoming the contraction of a muscle, when *shortened* by its *natural* action, as when its origin and insertion had been approximated, as in dislocations, or whether it



was meant to extend the muscle beyond its *normal* length, I could not ascertain—both ideas seemed to be entertained. I determined to settle the question by actual experiment. That a *contracted* or *shortened* muscle could be “tired out,” and “stretched” to its normal length, was evident enough—but how much further could it be extended without rupture? And what power was necessary to thus extend it? These were the questions I proposed to myself.

I procured the fore leg of a sheep at the market; said to belong to an animal two years old and two days killed. It dissected up and separated, from all its fellows, one of the *flexors*—a ribbon-like muscle, seven inches long and one eighth inch wide, and three sixteenth inch thick—a small and elegant muscle. I left it attached to the bone at its origin, but cut off the tendon at its insertion, and wound it with fine iron wire, making a loop by which to suspend weights. Before applying any weights, the fibres had a wrinkled or puckered appearance. I marked two points, one at the origin, the other at the upper coil of the wire wound around the tendon—the distance between them five inches. I then suspended a two ounce weight in the loop of wire; the muscle *immediately elongated* a quarter of an inch—the fibres became straight and smooth; I then added one pound, no elongation; then two pounds, length the same; then four pounds, no change; then seven pounds, no alteration. Thus I continued to add weights and then measure, till I had suspended fifty-seven pounds to this small muscle, and not the least perceptible alteration in length could I discover after the first two ounces (which were sufficient to “tire it out”), till I added the fifty-eighth pound, when it suddenly tore in two, and the weights came to the floor. One half of the fibres first yielded at the lower end, where the wire grasped the tendon. On inspection, it appeared that I had wound the wire so high as to embrace a few of the fleshy fibres; these first gave way, while at the upper end of the muscle the other and opposite half of the muscle broke, and thus it split in the middle, its whole length. This result surprised me. Here was a muscle, slender, isolated, deprived of all support by its aponeuroses, and connections of cellular membrane to its fellows—belonging to a young animal, not remarkable for its strength of muscle, and without *vitality*, *supporting* fifty-seven pounds, without the least perceptible elongation beyond its normal length. How much power, then, would *all the large living muscles* of the hip-joint of a strong man, require, to elongate them even one eighth of an inch?

Wishing to determine how much support the fascia and cellular attachments would add to its power of resistance, I prepared a similar muscle, leaving it entire, but cutting off all the other muscles and ligaments. In other words, I divided the leg through the knee-joint, and left one muscle undivided. I suspended it as before, attaching the weights to the leg, below the insertion of the muscle to be extended. But this broke with forty-seven pounds. I attributed this to the oblique action of the weights—it being very difficult to adjust the suspended bone covered with flesh so as to keep all the parts in a direct line.

In my next experiment, I dissected up all the tendons of the muscles about the knee-joint, without dividing them, but divided all the liga-

ments, thus opening the joint. The muscles and fascia were all left in their natural state. The skin was removed, of course, before I obtained the leg, but in all respects it was similar to the others.

Before weights were suspended to it, the ends of the bones were in close contact in the joint, and would not admit the introduction of the point of a pen-knife blade. The weights were added by degrees, the ends of the bones carefully noted, and an attempt made, from time to time, to pass the point of a pen-knife blade between them—but this could not be done till 200 pounds had been added. When a few pounds had been applied, the limb began to come into a right line. The ends of the bones on the front side of the joint, that is, on the side of the extensors, were more firmly pressed together. As the weight was increased, the tendons of the *flexors* became very much strained, while those of the *extensors* became quite slack. Hence, thus far in the experiment, the whole weight was sustained by the *flexor* muscles, owing to the fact that the extensors have a greater normal or comparative length than the flexors. With a weight of 300 pounds, the bones began to separate, so as to admit the point of a pen-knife. A portion of the weight was then removed, when the bones at the joint returned and came in contact again, which seemed to prove that the muscles had elasticity and were capable of some elongation without rupture. The weights removed were re-applied, and forty pounds were added—when the bones separated about one eighth of an inch. A portion was again removed, but the bones did not return readily nor closely—the joint seemed loose. They were then carefully re-applied, when the flexor muscles yielded, suddenly throwing the whole weight on the extensors, which broke at once, seeming to offer but little resistance. Thus it appears that the flexors sustained the whole 340 pounds, which the extensors were not able to do—and that the flexors were incapable of extension or elongation, very little over *one eighth of an inch* beyond their natural length, without rupture.

It was my intention to have pursued and varied these experiments, so as to have established or refuted the conclusions to which they seemed to point, and which have since become the convictions of infallible truth in my own mind, however defective the proof and illogical the process of reasoning. But professional labors and interruptions have conspired to prevent their prosecution, and I shall leave them to be pursued and perfected by others who have more time and zeal for prosecuting such investigations.

After making the above experiments I was convinced that I had discovered the real difficulties to be overcome in reducing a dislocation of the hip on the *dorsum ilii*, viz., the extension to their utmost, or nearly so, of the *obturator externus* and *internus quadratus*, *gemini*, *pyriformis* and *pectineus*—and their incapability of but little more extension—and that all traction downward on the fractured limb, only increased this tension, and could do nothing towards bringing the bone into place, except at the hazard of almost certain rupture of some of these muscles, and of a fracture of the neck of the bone.

I now re-commenced my manipulations and evolutions on the skele-



ton, to ascertain how this indirect, and not merely useless, but absolutely detrimental action of the pulley could be avoided. It was soon obvious that these muscles, instead of being extended further, could all be *relaxed*, and their natural *action* and *contraction* be made to draw the head of the bone back into its socket, and that instead of employing all *our power to overcome them*, we could actually use all *their power to aid us*, and do the very work for which we were in vain employing the compound pulley, at an immense disadvantage. And all this is done by simply carrying the injured femur in the only direction in which, in fact, it can be moved, viz., inward and over the sound one, and upward and over the abdomen, flexing it upon the pelvis till the knee is carried up as high as the *umbilicus*, and outward on a line with the same or injured side—then turning the toe outward—the heel inward—the foot across the opposite and sound limb, and carrying the knee outward and downward, and making gentle rotations of the thigh—when the head slips in easily, with a slight jerk, an audible snap—and the whole limb slides down easily and gently into its natural position beside the other. The whole operation can be performed easier, and in less time, than it can be described.

The conviction was so strong in my mind that this method was certain and practicable, that I no more doubted it then than I do now, after having demonstrated it in three several instances, two of which were within the last year. And so impatient was I to put my theory to the test, that I believe I almost wished every day (wickedly, perhaps) that some one would dislocate his hip, and give me an opportunity to reduce it.

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CASE I.—In the spring of 1844 (I give this case from recollection, the notes which I made of it having been mislaid) I was called to see a strong, robust Irish woman, of whom they gave me the following history :—Four days previous, while out at washing, about three quarters of a mile from her own residence, she slipped and fell down a flight of steps—could not rise—and when helped up could not stand. She made a great out-cry, but as no blood was visible, she was thought to make a great “fuss for nothing.” Her husband who was an intemperate carman, was sent for. He put her on his cart, drove her home three quarters of a mile; when he arrived there, not being able to lift her, he dumped her down at the gate as he would a load of dirt. The neighboring women helped him carry her in, and place her in bed. For four days they assiduously fomented her hip, of which she complained greatly; but it swelled considerably and became “black and blue.” They now began to think the woman was “*hurt*ed.” In this condition I found her. A single glance at the position of the knee and toe, created a strong suspicion of dislocation, but an attempt to *abduct* and rotate the limb gave great pain and determined the nature of the accident. Although the patient was suffering considerably, I was in ecstasies, and felt really obliged to her, not so much, I hope, for dislocating her hip, as for the opportunity she afforded me to reduce it. I called in Drs. M. Strong and the elder Bradley, and Mr., now Dr. Hammond, to assist me. I stated to them my determination to reduce it, if possible, without the use

of pulleys, and explained my method. Nevertheless, I had provided myself with compound pulleys, to be used in case of a failure. As the accident was of four days' standing, the hip considerably swollen and inflamed, and the patient quite muscular, I took the precaution to bleed her freely, and give her tart-antimony till nausea was produced. She was in the mean time placed on a lounge, on which a wide board was laid and covered with a folded quilt. This made a firm table about fourteen inches high, and about twenty inches wide, which gave me the opportunity of throwing the whole weight of my body on the flexed limb, if I wished, while it gave me perfect command and control over it in every way. The patient was placed on her back, and a sheet folded lengthwise thrown across the upper edges of the pelvic bones, and each end given to an assistant, for the purpose of fixing the pelvis. Placing myself on the right and injured side, I seized the knee with my left hand, and the ankle with my right; I then flexed the leg upon the thigh; at the same time, slowly carried the knee and dislocated femur, over the sound one, pressing it firmly down upon it—and upward over the pelvis, constantly pressing it close to the body, moving it upward with a circular sweep over the abdomen, till the thigh was in a right line with the right side of the body and the knee, pointing towards the right axilla. While the thigh was being carried up to this position, the bone or axis of the femur, was performing a kind of rotation on itself, whereby the toe was coming more outward and the heel more inward. In other words, as the knee went upward, the *obturator externus, quadratus, &c.* drew the head of the bone downward, and inward towards its socket. When the knee and thigh were in the position above indicated, the heel was strongly rotated inward, the knee drawn outward, and the foot carried across the thigh of the sound side, when the head slipped into its place, and the limb glided gently down into its natural position. In doing all this, comparatively very little force was employed, and very little pain produced, for the obvious reason, that, by this evolution, the muscles that were in a state of extreme tension and irritation by the displaced bone, were gradually relieved and relaxed, as the head of the bone descended and approximated its proper place, which it did by the action of these same extended muscles.

It will be perceived, that by this mode of operating, we make a *lever* of the shaft or bone of the femur, and a fulcrum of the edge of the pelvis—and by this means lift or dislodge the head of the bone—while the abductor muscles draw it downward and inward, making it, as it were, *back into its place*, through the rent of the capsular ligament. Whereas, if it were drawn by direct force, as by the pulley, the head and neck of the bone would act as a kind of hook, and would tear away the capsular ligament, if it were only slit, and as I believe it often, if not always, does tear off the tendon of the *pyriformis*, as I shall endeavor to show presently; for the *abductor* muscles are so strained, and hold the head of the bone so firmly to the dorsum, behind the ridge of the *acetabulum*, that it is next to impossible for it to mount over this ridge and into the socket, and must therefore descend behind it, tearing everything before it—ligaments, muscles and all—and hence the im-

mense power required to reduce it by these means, and hence, too, the failures, the fractures of the neck, and the cripples, that have been made for life, by this barbarous and unscientific mode of reduction.

CASE II.—On the 31st of July, 1849, Mrs. Cornelius Christie, aged about 38 years, was thrown from the top of a load of household furniture, with a small child in her arms. Mother-like, she held fast to the child, which received no harm; but falling among and upon the furniture, she had the perineum and vulva considerably lacerated, and her right hip dislocated. I saw her within one hour after the accident. Drs. Bowen, Brown and Nolton, were in attendance when I arrived in company with Dr. E. P. Langworthy. The patient was placed at once in the position as already described in case No. 1., when I proceeded, in like manner, to operate; but the wound in the perineum and vulva occasioning great pain, on the attempt to flex the thigh, I desisted and gave a full dose of morphine—not having any chloroform on hand. We waited three fourths of an hour for the effect of the morphine. I then, as already described, seized the knee with one hand—the ankle with the other—flexed the leg on the thigh—the thigh on the pelvis, carrying it *inward and over the sound limb*—then upward over the abdomen, till the thigh was nearly parallel with the right side—then rotated the heel inward, carried the foot over the sound thigh, and the knee outward, when by a gentle oscillation and rotation of the thigh, the head slipped into the socket. The whole time required in this operation did not exceed *two minutes*. The force employed, and the pain suffered, were too trifling to be named.

CASE III.—On the 2d of December, 1849, early in the morning, I met Dr. E. M. Moore, Professor of Surgery in the Woodstock and Berkshire schools of medicine. He informed me he had been called up in the night to attend a case of dislocated hip. I jestingly said, “I wish you would let me show you how to reduce it.” He replied as jocosely, “I understand you have got some new-fangled notions about dislocations, and I should like to see you try your skill.” He desired me to explain my method. I did so, illustrating it by manipulations on the skeleton in his office. He agreed that I should make the attempt; but, that the full merit of my mode of operating should be brought out, he proposed that I should have no aid from any of the usual adjuvants, such as the warm bath, nauseating doses of antimony, bleeding, opium nor chloroform. To all this I consented.

The patient, William Fagan, was a strong muscular Irishman, 52 years of age. He was placed on a lounge, on a board covered with a folded blanket, as already described—two assistants, one on each side, steadied the pelvis. I proceeded in all respects as above stated in the two preceding cases, and in about *two or three minutes* reduced the dislocation. Drs. Moore and Cruttenden, Mr. D. Bly, and other students of Dr. M. were present.

To those who have never witnessed this mode of operating, these statements may seem incredible; yet so simple, easy and short is it, that Dr. Moore declared that “hereafter any fool might reduce dislocation of the hip on the *dorsum ilii*.” Although in the three cases given



above, I used a low table, yet I believe the floor is better, and all that is necessary. I used, too, a folded sheet thrown over the pelvis, and it held down on each side by an assistant; but even this is unnecessary, and is, moreover, always in the way, after the thigh has been flexed to a right angle with the spine or axis of the body; when the thigh has reached this position we have perfect control of the pelvis, and can fix it firmly, by pressing the thigh strongly down upon it. So simple, too, is the operation that if the patient be a female, and it were required to reduce the joint without exposing the person, it can be done under a light covering, or even under her own dress if sufficiently loosened.

On the 18th of December, just after the occurrence of the third case above narrated, Dr. Moore had a subject in process of dissection by his students, when he proposed to me that we dissect up the muscles of the hip-joints, leaving them *in situ*; dislocate the bones, and then operate on them by traction in the usual way, and also by flexion after my method, in order that we might observe the condition and action of the muscles before and during both modes of operation. We found it impossible by the power of our hands alone to force the head of the bone through the capsular ligament, till we made a slight incision into it. The head then shot through it, tearing it sufficiently to permit its passage, but then the ligament seemed to fit close around the neck of the bone. As the head passed out backward and upward, it caught the tendon of the pyriformis, *tearing it off as it passed underneath and above it*, which, if it had remained entire, would have brought its tendon, like a cord across the neck close to the head, lashing it firmly down to the dorsum of the ilium. We were at the time inclined to attribute its rupture rather to the decayed state of the subject, than to excessive distension by the dislocation. But precisely the same thing occurred in dislocating the other hip. It is true this muscle was also in the same *stale* state; and the accident may, perhaps, have happened in both instances from the like cause.

When dislocated, the head of the bone rested on the *gluteus minimus* muscle! The *gluteus medius* and *maximus* were shortened and relaxed—so, also, were the *iliacus internus*, *psaos magnus*, *adductor triceps* and *pectincus*. Till now I had supposed that this last-named muscle would have been among those that were put upon the stretch. Posteriorly the *obturator internus*, *gemelli* and *quadratus* were greatly strained; and it was apparent, that the *pyriformis*, if it had not been torn off, would have been even more so. Anteriorly, the *obturator externus* was stretched, seemingly, to its utmost, *adducting* the bone powerfully. It is this powerful muscle which so firmly fixes the limb, turns the toe and knee inward, prevents rotation and abduction, and gives such excruciating pain to the patient when any such attempts are made.

Here, then, are two sets of muscles, acting in direct antagonism to each other, and both strained to their utmost tension. One set drawing the bone backward and rotating it *outward*. The other, *adducting* and rotating it *inward*. Some might be inclined to puzzle themselves to know how these two sets of muscles, one situated before and the other behind, could both be in a state of tension, when the bone is thrown



backward toward and in the direction of the latter. The explanation is very easy. Although the head of the bone is thrown backward, yet the great *trochanter* and shaft of the bone is thrown forward and rotated inward. So that the *pyriformis*, *obturator internus*, &c., which are inserted at the root of the *trochanter*, are necessarily elongated, while the anterior *obturator externus* runs backward behind and around the bone, to be inserted at the root of the *trochanter*, in order to rotate the limb outward, it must also be strained just in proportion as the limb is rolled inward, and the *trochanter* is carried upward. The *quadratus* is stretched for the same reason, viz., its point of insertion is carried upward and inward.

After having carefully noted the relative position of the bone and muscles, we made traction on the femur, downward and inward, over the sound limb, as we are directed by the most approved authors, but the moment the attempt was made, the muscles already named as being in a state of tension, became more tense, and bound the head of the bone more firmly down on the *dorsum*; and although all the muscles about the joint were separated from each other—were loose, without vitality and almost in a state of decomposition—yet it was with very great difficulty that we could bring the head of the bone down; and when we did so, we carried away part of the capsular ligament, and if the *pyriformis* had not been already torn, it is very probable that it would have been torn now. But when *adducted, flexed, and carried the limb up over the pelvis*, as has been stated, the reduction was effected with the utmost ease. We varied and repeated our experiments on both joints, as often as the subject would admit, and always with the same results. I was here enabled to correct one error which I had committed in operating. If we carried the knee above the *umbilicus*, and pressed the thigh down close to the body, on a line with the side, the knee pointing towards the axilla, as I had always done, we brought the great tendon of the *gluteus maximus* into strong tension, which would compress the great *trochanter* so hard, that it prevented the head from mounting over the edge of the acetabulum. The reduction was effected much easier by carrying the knee and thigh about as high as the *umbilicus*, then abducting and rotating the thigh.

To Dr. Moore, who so kindly offered me the opportunity to demonstrate the correctness of both my theory and practice, I am much indebted and obliged.

From the foregoing facts and observations, gentlemen, I deduce the following propositions:—

1. The chief impediment in the reduction of dislocations, is the indirect action of the muscles that are put upon the *stretch* by the mal-position of the dislocated bone, and not by the *contraction* of the muscles that are shortened.

2. That muscles are capable of so little extension, without hazard of rupture, beyond their normal length, that no attempt should be made to stretch them further, in order to reduce a dislocation, if it can possibly be avoided.

3. The general rule for reducing all luxations should be that the

limb or bone should be carried, moved, flexed or drawn, in that direction which will relax the distended muscles.

4. Dislocation of the hip on the *dorsum ili*, an accident so serious to the patient, and so formidable to all surgeons, is reduced with the greatest ease, in a few minutes, without much pain, without an assistant, without pulleys, without "Jarvis's Adjuster," or any other mechanical means, simply by flexing the leg upon the thigh, carrying the thigh over the sound one, upward over the pelvis, as high as the umbilicus, and then by *abducting* and rotating it.

#### SUIT FOR MAL-PRACTICE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—A case of alleged mal-practice was tried at the last Circuit in this county, between Morgan Stewart and G. W. Edwards, M.D., which I think ought to be laid before the professional public. Stewart—who is an intemperate man, aged 34 years—had a compound fracture of the tibia. Dr. George W. Edwards, of Clay, in this county, had his case under management. He reduced it, and applied the appropriate splints and bandages. Some three or four weeks afterwards, a surgeon from this place was called, who let the case remain in the situation he found it.

In June, 1851, the plaintiff brought a suit against Dr. Edwards, and it was tried at the Circuit, and a verdict of \$500, with costs, was obtained against Dr. Edwards.

Believing, as I do, that this case was one of peculiar hardship to Dr. Edwards, and that the verdict was one of those which ought not to have been given, I am induced to give a summary of the testimony in the case, that the profession generally may judge of its merits.

The plaintiff, Mr. Morgan Stewart, of the town of Clay, in this county, about 35 years of age, said to be of good constitution, but somewhat addicted to the use of ardent spirits, was kicked by a horse some time about the 9th of October, 1850. The result was a compound fracture of the tibia, but no protrusion of the bone took place, though he jumped from the carriage after the injury. Dr. Edwards was called, who reduced the fracture and applied the appropriate dressings. A great amount of swelling and inflammation followed, and some sloughing of the integuments over the seat of fracture. In a few days he sent to this city and procured an apparatus, and applied it, and all went on as well as could be expected until about six weeks, when a lump was observed on the outside of the leg, which was found to be the head of the fibula a little out of place. The tibia was a little crooked also, but union had taken place, and it was judged best, in consultation with a surgeon from this city, not to interfere with it.

In February last, the plaintiff commenced a suit for damages, and it was tried, as before observed, at the Circuit Court in June, and \$500 damages awarded. The testimony which the plaintiff introduced showed no want of attention on the part of the defendant, but that he visited

him as often as was necessary, and also called in counsel, after the head of the fibula became prominent. There was but one medical witness, on the part of the plaintiff, who found any fault with the apparatus and dressings used, and he gave such confused and contradictory evidence that I should have supposed a jury would not have regarded it as worth much. The dislocation of the upper head of the fibula was made a strong point by the plaintiff's counsel against defendant; and the defendant, in turn, denied its being dislocated at the time of injury, but subsequently. The medical witnesses all testified to the infrequency of this form of dislocation, there being but few cases on record. Sir A. Cooper never met with but one case of the kind, and other surgeons of eminence were quoted as to its extreme rarity. Not one of the medical witnesses on the trial had ever met with a case, and they all agreed that if the fibula was not fractured in this case, reducing the fractured tibia must necessarily reduce the dislocation of the head of the fibula. This appears to me a most rational conclusion; for, from the strong attachment of the lower portion of the fibula to the tibia, if extension was made to bring the fractured ends of the tibia in apposition, the reduction must, as a matter of necessity, take place. Now if this was the case, how came the fibula dislocated? It is easy, in my opinion to account for it. There was some slight displacement of the ends of the fractured tibia towards the fibula, and about the time union was taking place this bending occurred, and a slight shortening taking place, the head of the fibula not having become sufficiently strong to resist the pressure, was pushed away from its natural situation—and hence the mischief. The fibula was but slightly displaced, after all; not more than two-thirds the diameter of its head outwards, and slightly backwards and upwards, and after firm adhesion has taken place will most probably be a serviceable leg. In fact, since the trial, he has thrown away his crutches and walks much better than before. This is generally the case with such patients. I have known many a poor cripple, who could not walk without the aid of crutches, on the termination of a trial, get the use of his limb in a most surprising and miraculous manner! Medical men are so familiar with such instances, that it ceases to be a wonder to them, however inexplicable it may be to others.

The frequency of suits for mal-practice is having a most decidedly pernicious influence on our profession; and if something is not done for the protection of the rights of physicians, it must re-act upon the community in a way that it will finally restore to us our rights and privileges, or the public will be the sufferers. I know several good surgeons who will not touch a case of fracture, and others who will only do so under a guaranty that, whatever may be the termination of the case, they shall be protected. If it was only the ignorant and unskilful men who were the sufferers, it would be a relief to the profession; but it is not so. In nine cases out of ten it is some well-educated and eminent man. And why it is thus, is perfectly obvious. Out of the great number and variety of cases which he meets with, some must inevitably prove unfortunate. His eminence in the profession has raised up enemies, who trumpet his unfortunate cases, and too frequently stir up a suit. What renders it



more especially provoking, is, that those who are irresponsible and never think of paying the surgeon, are the ones who generally bring such suits. If you are acquitted, the costs which you are obliged to pay in counsel fees and for witnesses, is no small item ; and the perplexity, anxiety and annoyance is beyond measure the most troublesome of any of the surgeon's responsibilities. There is ever to be found in the community some one who is ready to find fault with the practice of others ; and such ones will be willing to give their testimony against the unfortunate surgeon ; and if the treatment has been such as Sir Astley Cooper or Dupuytren has approved, yet he knows a better way, and one *he*, at least, has used with great success ; and in many instances the jury, if their sympathies get enlisted, will make his testimony an excuse for finding a verdict.

Respectfully yours,

A. B. SHIPMAN.

*Syracuse, N. Y., August, 1851.*

P. S.—I understand that this case is to be reported by the Supreme Court. If it is, I will send you a copy.

A. B. S.

#### DISLOCATION AND FRACTURE OF THE VERTEBRA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In the Journal of June 4th, I noticed an article from Dr. J. H. Morse, of Lawrence, representing a dislocation and fracture of the spine at the seventh or eighth dorsal vertebra.

From the description given of this case by Dr. Morse, there seems to be something rather novel, and to me truly surprising. From the limited reading I have had, and the cases of dislocation of the spine which I have seen (only two), I had supposed that injuries of this nature were very serious, and in the end fatal. I have always considered it impossible to reduce a dislocation of the dorsal portion of the spine without dissecting down to the bones and cutting off the transverse processes of the vertebra ; nor do I find on record any case that has been treated successfully.

In this case it appears that, with the aid of Dr. Jarvis's adjuster, there was no difficulty in readily reducing the dislocation, and putting the bones in their natural position, that in a few days the man was able to raise himself up, and soon walk about.

Dr. Morse tells us that there was not complete paralysis. Now I cannot conceive how there can be a dislocation of the dorsal vertebra without producing a sufficient compression on the spinal marrow to cause total paralysis of the parts below the injury, even if there is a fracture of the body of the vertebra ; and after being crushed down with force sufficient to dislocate and fracture the spinal column, how a man should so far recover in seventeen days as to raise himself up in bed, and walk out in twenty-four days, is to me quite unaccountable.

After perusing Dr. Morse's case, the following questions have presented themselves to my mind, which I hope you, or some of your correspondents, will do me the favor to answer through the Journal.



1st. Has there ever been, or can there be, a dislocation of the dorsal vertebra without producing total paralysis of the parts below the injury?

2d. Would a fracture of the body of the vertebra, in connection with dislocation, render the case *less* formidable.

3d. Would a fracture of the body of a vertebra, in connection with dislocation, recover in seventeen days so as to sustain the weight of the body, or sooner than other fractured bones?

The object of this communication is to solicit information in relation to injuries of this nature. Any of the readers of this Journal who will give any information, or their views and experience on the subject, will much oblige—

Yours, &c., CORNEA.

Lawrence, Mass., Aug. 4, 1851.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 13, 1851.

*Quarantine Congress.*—"Dr. Sutherland, the Medical Inspector of the General Board of Health, has been appointed to attend the Medical Congress to be held at Paris, on the subject of quarantine, by the medical authorities of the several European Governments interested in the question."

The above paragraph is taken from the London Times of July 15th. If there is any one act demanded of commercial nations in their combined capacity, more than another, for advancing civilization, it is a declaration of uncompromising hostility to the rascally system of quarantines now in force in every port on the Mediterranean. Even on land, by some of these regulations, a solitary traveller on a camel, crossing the lonely Desert of Arabia, is compelled to sleep out a quarantine of five days under a tent on a sand hill, before he is allowed to proceed. To pretend that a preservation of the public health is alone contemplated by the severe port regulations in regard to the landing of passengers in Marseilles, Leghorn, Genoa, Civita Vecchia, Naples, Messina, Palermo, Venice, Ancona, Malta, Alexandria, Beyroot, Cyprus, Rhodes, Smyrna, Constantinople, Piræus and Syra in Greece, Zandt, Corfu, Trieste, and some forty other places with which a commercial intercourse is feebly, and often injuriously maintained by foreign merchants, is a falsehood. More than half the rigorous quarantines in Italy, and throughout the Turkish empire, are maintained, in their present infamous form, through the trickery of subtle Italian physicians, who would willingly see the world depopulated, if they could get a profitable salary by it. They are meddling, ignorant, double-faced men, who are apparently bent on ruining commerce, and limiting the intercourse of nations to their individual permission. England is as deeply in the mire as the Papal and Neapolitan governments, in regard to Malta and the Ionian Islands. How the minister of foreign affairs could play the hypocrite, without blushing to confusion, in sanctioning the movement of the General Board of Health, by sending a representative to Paris, is quite unaccountable to one traveller at least. Money in these cases makes all contagious and infectious distempers fly off at a tangent; it puts all medication into the back ground at once.

Instead of being a subject of legislation by a few local boards of health,

not five members in a hundred of which, either in Europe or America, know any thing about the nature of plague, smallpox or fevers, the Congress of the United States and the Parliament of England should unite in breaking up and breaking down these cordons of ignorance. The only true and just form of a quarantine, is one of observation. Stop the sick, if necessary; but never detain a person or a bale of goods a moment, without a sufficient cause. That should be determined by a man of high medical attainments and sound discretion, and not be left, as it now is, to the whim or caprice of those who could not gain admission to any respectable medical association in Christendom. But the abominable corruptions of the quarantine administration in many a port where travellers wend their way, independently of the downright wickedness of the more enlightened sustainers of it—the French and English—call loudly for a redress of grievances. Bad as our quarantine regulations are in New York and some other domestic ports—yielding income, unrighteously filched from the pockets of the merchants, without conferring the smallest good upon the community—they are infinitely superior to those on the borders of the Mediterranean Sea.

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*Re-appearance of Cholera.*—It is a painful thought that this scourge is again manifesting an uncontrolled activity at many places in the West, where there have been severe afflictions in its former visitations. It is to be feared that physicians are little wiser in regard to the laws that govern malignant cholera, or the treatment which actually saves a patient, than they were ten years ago. It is too late—after the melancholy destruction of human beings that have fallen before it in every country and climate, and which are at this moment dropping into premature graves in alarming numbers—to assert that cholera can be treated with the certainty of other epidemic disorders. Yet all this should not deter the humblest practitioner from the most thorough investigation. What a field for discovery is open to competitors!

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*Professional Success.*—At the graduation of the medical class at Evansville, Indiana, an address, of an elevated character, was delivered by Conrad Baker, Esq. He points out specifically the right way and the wrong one, for a medical practitioner, by simply showing that courtesy, punctuality, accuracy and despatch, are the powers that ensure success. There are those who are perpetually snarling or sneering at some one in the profession whom they, for some undefinable cause, dislike, without being precisely able to define why or wherefore. It is enough that they are real or imaginary obstacles to their own full success. Such physicians lead a wretched life, since it is impossible for them ever to be comfortable, or hold the position in society which they are determined to have, by thus fighting through life. Another, disregarding the business habits of every one else, and being stubbornly bent on making the world conform to his individual views of the way, the manner and the time for doing things, will surely find himself neglected—while he comforts himself with the false idea that he has been *unfortunate*. Accuracy is an essential element of success, the true value of which is so uniformly admitted, that it is quite unnecessary to do more than refer to it. But the last requisite to make a successful physician, is *despatch*. Incessant activity, without being in a reprehensible haste, is also indispensable to success. Some practitioners, of

eminent qualifications, are so insufferably fatiguing to their patients by the extreme minuteness of their questions, and the intolerable length of their visits, all with the very best of intentions—that those who would like to be their patrons are obliged to cut loose from them. A practitioner is supposed to study at home ; and when introduced to the sick-room, the ability to bring his knowledge to bear upon the case at once, is the secret of gaining and keeping business. It will not answer to examine and percuss, listen to arterial pulsations, and split hairs, till the patient becomes impatient for the remedy. Despatch is a virtue in a physician. Mr. Baker proves himself to be a common-sense philosopher. If he practises, as a lawyer, upon the precepts forcibly shown to be the true way in medicine, he is unquestionably both patronized and distinguished.

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*Excess of Females in Great Britain.*—"In 1841, there were 493,303 more females than males in Great Britain. In 1851, the excess is 550,157. In 1841, the excess of females in the metropolis was 124,367. In 1851, it is 154,429—an increase greater than the whole increase of population would lead one to expect. This growing disproportion of the sexes has lately attracted the attention of philanthropists, and has suggested the scheme for conveying such women as are qualified for it to colonies, where the disproportion is the other way."

It is the opinion of those travellers on the continent who have given attention to the subject, that there is a very considerable excess of females over the whole of Europe. The draining of the men from the rural districts for the armies, unquestionably leaves a majority of the other sex in some places ; yet, under any aspect, there are evidently more females than males. Whenever a reliable census is taken of the continental nations, this opinion will probably be verified. In Asia—certainly that portion of it with which we are personally conversant from recent explorations—there seems to be a very considerable excess of female population. In passing through villages in Asia Minor, there invariably appears to be a majority of females out of doors—while the immemorial custom of the country is to confine very large numbers of the higher circles to apartments, where they are only known to their proprietors and guardian eunuchs. In the United States there are marked extremes in respect to the proportion of the sexes. The old Atlantic cities and towns are blessed in the ratio of two to one, if not more in some of the maritime regions, of females to the males ; while in the Western new settlements, among the gold hunters in California, scarcely one in a hundred of the men can find a wife, for the melancholy reason that there are none to be had.

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*Microscopist.*—Joseph H. Wythes, M.D., is the author of a small, compact 12 mo. on the "Use of the Microscope for Physicians, Students and Lovers of Natural Science," with engravings on wood, illustrative of the appearance of certain objects, viewed by that beautiful instrument. Independently of the amusement derived from a contemplation of the minute organizations which the unassisted eye could not perceive, the light that has been derived by the aid of this curious combination of lenses, in regard to the minute structure of the tissues, the real condition of the fluids in a living body, and the morbid conditions brought about by the invasion of disease, is invaluable. This treatise not only gives directions for using the microscope satisfactorily, but shows how it is to be kept in order.



Mounting and preserving specimens, both transparent and opaque; the composition for protecting them, &c. are considered. The cell doctrine of physiologists, accompanied by illustrations; examination of injured structures; minute injections; examinations of urinary deposits; polarized light, and a variety of miscellaneous suggestions, are among the subjects discussed, each and all of which are individually interesting and instructive topics, and the mention of them will give a general idea of the efforts of the author. Messrs. Lindsay & Blakiston, the Philadelphia publishers, have brought out the book in a commendable style of compactness and typographical neatness. It may be found in Boston, at Ticknor & Co.'s, Washington street.

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*New State Insane Asylum.*—We understand that the Commissioners appointed by the Governor and Counsel, to select the site and erect a new Insane Asylum—for which \$100,000 were appropriated at the last legislature—will give the people of the different parts of the State a hearing on the question, which location would be more conducive to the public interest, *East or West of Worcester*. The Commissioners are Ex-Governor Briggs, of Pittsfield; Dr. Graves, of Lowell; and Gen. Tompson of New Bedford. For the purpose above stated, they will meet at Pittsfield on the 21st of August, at Northampton on the 22d, at Middleboro' Four Corners on the 26th, and at Taunton on the 27th. After these deliberations with the people of different sections of the State, it is understood that they will proceed to select the particular site.

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*Progress of Medicine.*—An introductory lecture to the Spring Course of the Philadelphia College of Medicine, by James Bryan, M.D., was recently received, though delivered in March last. Dr. Bryan is a ready writer, and his zeal is not surpassed by that of any teacher in the United States. He has proceeded very methodically in the discourse by dividing the last fifty years into four epochs, and has given the historical facts essential to his purpose, without becoming tedious. He is a fortunate writer who knows precisely where to stop. We are struck with the extent of Dr. B's reading, no less than his happy faculty in condensing a period, so extraordinary in medical history, within the compass of twenty-eight octavo pages. If we were asked to point out the best account of the progress of medicine and surgery, for the past half century, we should say this was the one.

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*Rush Medical College.*—This institution, at Chicago, is working on the cheap principle; giving a full course of lectures, by six professors, for *thirty-five* dollars. For graduation, the fee is twenty, and at the last session, thirty students received the degree of M.D. Some of the colleges are dissatisfied with this new measure, the cheapening plan, from an impression that it will lessen the income of schools, besides lowering the dignity of the profession. There is some reason in both suggestions, but as the Chicago professors seem disposed to give the plan a thorough trial, and as the result will be known by way of precedent or warning to all other schools, it is not worth while at present to waste arguments or to go to war about it. An elevating influence is certainly needed in the ranks now, more than ever.

*Unreliable Obstetrical Statistics.*—A small pamphlet has been addressed to the members of the American Medical Association, by Dr. F. M. Robertson, of Charleston, S. C., in explanation of his motive for moving a recommitment of the report by the Chairman of the Committee on Obstetrics, at the late meeting of the Association. The object of his motion was to give the chairman an opportunity to strike out the statistics of Dr. Ramsay, of Georgia, which had been incorporated into the paper, and which as was asserted, "were not reliable." Very naturally, Dr. Ramsay was roused to a sense of injury on learning what kind of estimation his account of his own experience was held by the assembled medical wisdom of the Union. Had he been present to meet any insinuation or charge of this character, possibly the whole matter would have taken quite a different turn. But as it was, the quotations from Dr. Ramsay were erased as unreliable authority. Dr. Ramsay immediately wrote to Dr. De Saussure one of the secretaries, making certain propositions in regard to an adjustment of the difficulty existing between him and Dr. Robertson. Dr. R. maintains that he has no personal ill will towards Dr. Ramsay—he merely contemplated the honor of the profession and the character of the publications emanating from the high body of which he was a member, and which we all, in common, desire should possess an unsullied reputation. Here the business now rests. How these two gentlemen can be made to forget and forgive, remains to be determined, since, although a public matter, it is also a personal one.

*Medical Miscellany.*—Virginia tobacco yields the largest proportion of nicotine; from twenty pounds were extracted four hundred *grammes* of the poison; a gramme is equal to 15.444 grains troy. The Maryland leaf affords about a third of that quantity. Nicotine is nearly as powerful and rapid as prussic acid with the animal economy. Five or six drops applied to the tongue of a dog, killed it in ten minutes. The convulsive motion was slight.—The Pictou (N. S.) Chronicle mentions the death, at East River, of Mr. John Chisholm, of dropsy. He had been tapped 223 times, by which the enormous quantity of 358 gallons of water were taken from his body.—The company that has been boring for salt water at Pomeroy, have succeeded in obtaining, at the depth of one thousand feet, an abundant stream of great strength, which flows over the top of the well. They intend boring two other wells in the immediate vicinity of the first, and it is expected the three will furnish water sufficient for the manufacture of a hundred and fifty barrels of salt in twenty-four hours.—Captain Andrew Brock, and his twin sister, Mrs. Brooks, for many years resident of the neighboring island of Tuckernuck, celebrated the anniversary of their birth day, a few days since, both of them being in the enjoyment of their usual good health. Their united ages amount to one hundred and fifty-eight years.

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*Deaths in Boston*—for the week ending Saturday noon, Aug. 9th, 101.—Males, 47—females, 54. Accidental, 3—asthma, 1—apoplexy, 1—anemia, 1—disease of bowels, 9—disease of brain, 1—disease of bladder, 1—consumption, 9—convulsions, 2—cholera infantum, 4—cholera morbus, 1—croup, 1—dysentery, 7—diarrhoea, 3—dropsy, 3—dropsy of the brain, 10—drowned, 1—erysipelas, 1—epilepsy, 1—typhus fever, 1—typhoid fever, 1—scarlet fever, 2—lung fever, 1—fracture, 1—gangrene, 1—disease of the heart, 1—inflammation, 1—infantile, 14—inflammation of lungs, 2—congestion of lungs, 1—marasmus, 1—measles, 2—old age, 1—palsy, 1—poison, 1—smallpox, 1—teething, 4—tumor, 1—unknown, 2—worms, 1.

Under 5 years, 55—between 5 and 20 years, 4—between 20 and 40 years, 26—between 40 and 60 years, 9—over 60 years, 7. Americans, 45; foreigners and children of foreigners, 56. The above includes 11 deaths at the City Institutions.



**MEDICAL COLLEGE OF OHIO.** *Session of 1851-52.*—The *Thirty-Second* Annual Session of this Institution will open on the 15th of October next, and close on the last of February, under the following arrangements.

H. W. BAXLEY, M.D., Professor of Anatomy.  
JOHN LOCKE, M.D., Prof. of Chemistry and Pharmacy.

L. M. LAWSON, M.D., Prof. of Physiology and Pathology.

T. O. EDWARDS, M.D., Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M.D., Prof. of Surgery.

LONDON C. RIVES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M.D., Prof. of Theory and Practice of Medicine.

JOHN DAVIS, M.D., Demonstrator of Anatomy.

The following branches will be included in the Course:—Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Clinical Medicine and Surgery.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures on Medicine and Surgery will be delivered at the Commercial Hospital three times a week.

The Medical College of Ohio affords the most ample opportunities for the prosecution of Practical Anatomy and Clinical Instructions in Medicine and Surgery.

*Preliminary Lectures.*—A Course of Lectures will be delivered by the Faculty (free of charge), commencing on the 1st of October; also, Clinical Lectures at the Commercial Hospital.

*Fees.*—For a full Course of Lectures, \$105. Matriculation and Library Ticket, \$5. Dissecting Ticket, \$10. Graduation Fee, \$25. Hospital Ticket, \$5.

Board (including the expenses of room, fuel and light) can be obtained at from \$2 to \$3 per week.

A new College Edifice will be erected during the ensuing summer.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., *Dean of the Faculty,*  
South side of 6th st., between Walnut and Vine.  
*Cincinnati, July, 1851.* jy9—to

**SURGICAL INSTRUMENTS.**—PHILBRICK & TRAFTON have for sale Pocket Cases of Instruments, Pocket Cases of Phials for carrying medicines, Cupping Cases, Dissecting Cases, Breast Pumps in cases, do. Gum Elastic, Nurse Bottles, Nipple Shells, Breast Pipes; Catheters, male and female, single and double, of silver and gum elastic; Bougies for urethra and rectum; Syringes, self and common; Maw's self-injecting Instruments; Pessaries; Hutchinson's Aperiative Fountain; Speculums, vaginal and rectal; Pill Syringes, for administering solids by the rectum; Stomach Pumps; Stomach Tubes, to be used with a common syringe; Glass Inhalers, for administering medicated vapors; Ramadger's Inhaling Tubes; Teeth Forceps, Scarificators, Crain's Supporters, Shoulder Braces and Suspensory Bandages of every description.

Nov. 13.

**FRESH AND GENUINE DRUGS AND MEDICINES** of a superior quality, carefully prepared for physicians' use, and for sale on the most favorable terms, at 33 Tremont Row, Boston, by

JOSEPH BURNETT,  
(Successor to T. Metcalf.)

Feb. 10—tf

**PURE CHLOROFORM.**—For sale by JOSEPH BURNETT, Apothecary, No. 33 Tremont Row.  
Jan. 5—tf

**DENTAL REMOVAL.**—Dr. J. H. SMILIE, having removed to No. 51-2 Tremont Row, is now prepared to perform every operation in Dentistry required for the health and preservation of the Teeth, and trusts that his former success will insure a continuance of public patronage.

*Opp. the head of Brattle st. Boston.* jy 16—3m

**MATICO** constantly on hand, and for sale by  
PHILBRICK & TRAFTON. Nov. 6.

**VACCINE VIRUS.**—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccinia Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.

**COLLEGE OF PHYSICIANS AND SURGEONS OF THE UNIVERSITY OF THE STATE OF NEW YORK.**—The Forty-fifth Session of the College will be commenced on Monday, 13th October, 1851, and continued till March 11th, 1852 (commencement day).

ALEXANDER H. STEVENS, M.D., LL.D., President of the College and Emeritus Professor of Clinical Surgery.

VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Operative Surgery and Surgical Anatomy.

JOSEPH M. SMITH, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M.D., LL.D., Professor of Botany and Chemistry.

ROBERT WATTS, M.D., Professor of Anatomy.

WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M.D., Professor of Obstetrics and the Diseases of Women and Children.

ALANCK, M.D., Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M.D., Lecturer on Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M.D., Demonstrator of Anatomy.

*Fees.*—Matriculation fee, \$5; fees for the full course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the Medical Officers (Prof. Smith being one of them), fee \$8 per annum; at the Bellevue Hospital twice a week, without fee (Prots. Parker and Clark belonging to the Medical Staff); at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The annual commencement is held at the close of the session; there is also a semi-annual Examination on the second Tuesday of September. The prerequisites for Graduation are—21 years of age, three years of study, including two full courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with medical science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 29th September, and continued until the 13th October. This course will be free.

R. WATTS, M.D.,  
*Col. of Phys. & Surgs.* } *Sec'y to the Faculty.*  
67 Crosby St. N. Y. } Jy 16—ewtSI—cowtNI.

**UNIVERSITY OF THE STATE OF MISSOURI.**—The Twelfth Session of this University will open on the 16th October next.

*Medical Department.*

JOSEPH N. McDOWELL, M.D., Professor of the Principles and Practice of Surgery, and of Clinical Surgery.

RICHARD F. BARRET, M.D., Prof. of Physiology and of Materia Medica.

JOHN B. JOHNSON, M.D., Prof. of Clinical Medicine and Pathological Anatomy.

ABNER HOFTON, M.D., Prof. of Chemistry and Medical Jurisprudence.

S. GRATZ MOSES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOSEPH N. McDOWELL, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN S. MOORE, M.D., Prof. of the Principles and Practice of Medicine.

JOHN HONGEN, M.D., Adjunct Prof. of Surgery and Demonstrator of Anatomy.

L. T. PIM, M.D., Adjunct Prof. of Anatomy, and Prosector.

PETER MASON, Curator.

HENRY WILLIAMS, Janitor.

Aggregate cost of Tickets, \$105. Graduation fee, \$20. Matriculation fee, \$5. Good boarding from \$2 to \$3 per week.

For further information address the Dean of the Faculty, or call upon him at his office, No. 41 Fourth street, under the Planter's House.

JOHN S. MOORE, M.D., *Dean.*  
*St. Louis, May 10, 1851* may 21—tL

**MATICO.**—A fresh supply just received and for sale by JOSEPH BURNETT, No. 33 Tremont Row. Mch 17—ti

**PREPARATIONS OF SILVER.**—Nitrate in Crystals, Oxide, Iodide and Chloride, manufactured and for sale at 160 Washington street, Boston, by  
PHILBRICK & TRAFTON, Chemists.  
Nov. 13.



**MASSACHUSETTS MEDICAL COLLEGE.**—The Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November, and continue four months.

Obstetrics and Medical Jurisprudence, by **WALTER CHANNING, M.D.**

Maternal Medicine and Clinical Medicine, by **JACOB BIGELOW, M.D.**

Theory and Practice of Medicine, by **JOHN WARE, M.D.**

Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**

Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**

Principles and Operations of Surgery, by **HENRY J. BIGELOW, M.D.**

Chemistry, by **J. P. COOKE, A. M.**

Clinical Lectures are delivered at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization, a discovery first made in Boston, and matured and established in the Massachusetts General Hospital, is practically taught in this school.

Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$5,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

The professors of Pathological Anatomy, of Surgery, and of Chemistry, are now pursuing their medical inquiries in Europe, but are expected to return in season to be present at the opening of the coming course.

Fees for the whole course, \$90. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

June 11.—eptL

**NEW UTERINE SUPPORTER**—Invented by **Dr. ROBINSON**, and far superior to his Improved Pessary—not liable to break nor corrode—small, worn with ease, can be applied by the patient, and answering all purposes, *where mechanical support is needed.* It has been examined, approved and used by many physicians. All are invited to call and examine it.

Sold only by **Dr. J. H. ROBINSON**, wholesale and retail, at No. 4 Montgomery Place, Boston.

Jan. 22.—eplv

**NOTICE TO PHYSICIANS AND THE PUBLIC GENERALLY.**—The subscriber, aware of the adulterations practised in preparing and powdering Drugs and Medicines for the market, and the difficulty experienced in distinguishing the pure, has arranged to have most of these articles powdered in his establishment. Samples of drugs in their original state will be kept for comparison, and he has requested **Dr. A. A. Hays**, State Assayer, to analyze at any time such preparations as may appear of doubtful genuineness, before offering them for sale, thereby insuring to physicians pure drugs and medicines.

**WM. BROWN.**

431 Washington, corner of Elliot street.

N. B.—With the above arrangement all can be supplied with pure and undiluted medicines. Physicians of Boston and vicinity are invited to call and examine the above arrangement, and see samples of pure drugs and medicines. No one allowed to put up prescriptions except those of long experience and perfect masters of their profession.

The sale of all Fancy Goods and Confectionery is discontinued on the Sabbath. Prescriptions and family medicines sold as usual on that day.

Sept. 4.

**GUTTA PERCHA WATER PIPE**—for Pumps, Aqueducts, Hydraulic Rams, &c. This pipe has been in use for several years, and has proved superior to any other material for the above purposes. The many cases of chronic disease and even death caused by the poisonous properties of lead pipe, have caused great inquiry for some substitute for that metal. The **GUTTA PERCHA PIPE** seems to fulfil perfectly all the conditions required. The medical profession are respectfully requested to investigate the subject, and to examine the pipe.

For sale at wholesale and retail, by **CHARLES STODDER, 75 KILBY STREET.**

For references, see advertisement in the *Pathfinder*.

June 11.—3m.

**HERRING'S CROTON OIL**—for sale by **PHILBRICK & TRAFTON.**

Nov. 6.

**UNIVERSITY OF PENNSYLVANIA. MEDICAL DEPARTMENT. EIGHTY-SIXTH SESSION, 1851-52.**—The Lectures will commence on Monday, October the 6th, and terminate about the end of March ensuing.

Theory and Practice of Medicine, by **GEORGE B. WOOD, M.D.**

Anatomy, **WILLIAM E. HORNER, M.D.**

Maternal Medicine and Pharmacy, **JOSEPH CARSON, M.D.**

Chemistry, **JAMES B. ROGERS, M.D.**

Surgery, **WILLIAM GIBSON, M.D.**

Obstetrics and the Diseases of Women and Children, **HUGH L. HODGE, M.D.**

Institutes of Medicine, **SAMUEL JACKSON, M.D.**

Clinical Instruction at the Pennsylvania Hospital, by **GEORGE B. WOOD, M.D.**, and by **GEORGE W. NORRIS, M.D.**

Demonstrative Instruction in Medicine and in Surgery, by the Professors of the **MEDICAL FACULTY**, assisted by **W. W. GERHARD, M.D.**, and **HENRY H. SMITH, M.D.**

Practical Anatomy, by **JOHN NEILL, M.D.**, Demonstrator.

Amount of Fees for Lectures in the University, \$105. Matriculating fee (paid once only), \$5. Hospital fee, \$10. Practical Anatomy, \$10. Graduating fee, \$30.

**W. E. HORNER, M.D.,**  
*Dean of the Medical Faculty.*

386 Chesnut st., above Thirteenth, op. U. S. Mint,  
Philadelphia. June 15, 1851. Jc25-eptN]

**PHILBRICK, CARPENTER & CO.,** (late Philbrick & Trafton),

**PHYSICIANS' DRUGGISTS AND CHEMISTS,**  
(Members of the Massachusetts Medical Society,) 160 Washington street, Boston.

**B. CARPENTER, M.D.,**  
**S. R. PHILBRICK, M.D.,**  
**L. ATWOOD, Chemist.**

July 16

**ELIXIR OF OPIUM**—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called **McMunn's Elixir**. This is a preparation of Opium without Narcotine, and the strength is the same as **Tinct. Opii**. Manufactured by **PHILBRICK, CARPENTER & CO.**

Successors to **PHILBRICK & TRAFTON, Chemists.**

July 23.

**SARATOGA POWDERS**—or Rochelle, Seidlitz, and Soda Powders, one package equal to six boxes of the above—price 75 cents. These will be found a great convenience to travellers, persons residing in the country, invalids, and to all deprived of a soda fountain. Put up and sold by **J. RUSSELL SPALDING, 23 Tremont Row, opposite Boston Museum.**

April 30.—tf

**CHIRRETTA**—A new Anti-periodic, just received by **PHILBRICK, CARPENTER & CO., 160 Washington street, Boston.**

aug 6

**DR. HEATON'S HERNIA INFIRMARY, BOSTON.**—**Dr. H.** having returned from Europe, will receive patients as formerly. He continues to attend particularly to the nature and speedy cure of Hernia or Rupture, Varicocele, Scrotocele, Hydrocele, &c.; also to diseases of females. Trusses are dispensed with in all cases.

Applications must be made at his office and residence, 2 Exeter Place, Boston.

July 24.

**NITRATE OF SILVER** in crystals, manufactured and sold by **PHILBRICK & TRAFTON**, Chemists and Druggists, 160 Washington st., Boston.

Feb. 12.

**PROTEIN**—Sold by **PHILBRICK & TRAFTON.**

Oct. 15.

**PHYSICIANS' OFFICE WARE AND UTENSILS.**—Mortars of wedgewood, iron, glass and porcelain; Pill Tiles, Pill Machines, Spatulas, Funnels, Scales and Weights, Graduated Measures, &c., for sale by **PHILBRICK & TRAFTON.**

Nov. 13.

**MEDICAL PRESCRIPTIONS**—Compounded day and night by **PHILBRICK, CARPENTER & CO., Dispensers, 160 Washington street, Boston.**

Jy 16

**CHLOROFORM**, Concentrated Chloric and Sulphuric Ethers, for inhalation. Manufactured and sold by **PHILBRICK & TRAFTON, Chemists and Physicians' Druggists.**

Nov. 6.

**NEW YORK MEDICAL COLLEGE.**—The next annual Course of Lectures in the New York Medical College, will commence on Monday, the 20th of October, 1851, and continue five months.

**HORACE GREEN, M.D.,** President of the Faculty, and Prof. of the Theory and Practice of Medicine.

**JOHN H. WHITTAKER, M.D.,** Prof. of General, Descriptive and Surgical Anatomy.

**EDWIN HAMILTON DAVIS, M.D.,** Prof. of Materia Medica and Therapeutics.

**B. FORDYCE BARKER, M.D.,** Prof. of Midwifery and Diseases of Women and Children.

**R. OGDEN DOREMUS, M.D.,** Prof. of Chemistry.

**JOHN MURRAY CARNOCHAN, M.D.,** Prof. of the Principles and Operations of Surgery with Surgical Pathology.

**EDMUND R. PEASLEE, M.D.,** Prof. of Physiology, Pathology, and Microscopy.

**JOHN GALLAGHER, M.D.,** Demonstrator of Anatomy.

**A. M. EISENLORD, M.D.,** and **WM. B. THOMPSON, M.D.,** Prosectors to the Professor of Surgery.

A preliminary Course of Lectures will commence on Monday the 6th of October, and continue until the commencement of the Regular Course. On the Pathology and Diagnosis of the Diseases of the Reproductive Organs of Females, by B. F. Barker, M.D. On Toxicological Chemistry, by R. O. Doremus, M.D. On the Surgical Operations of the Eye, by J. M. Carnochan, M.D. On Dental Pathology and Dental Surgery, by C. C. Allen, M.D.

The Preliminary Course will be free to all medical students and medical men. The dissecting rooms will be opened at the beginning of this Course.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eys and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

**Fees.**—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course, \$103. For the final examination, \$30.

The candidate for graduation must be of the age of 21 years. He must have studied medicine under a respectable practitioner for three years. He must have attended two full Courses of Lectures, of which one must have been in this College, and he must present to the Faculty a thesis, in his own hand-writing, on some Medical or Surgical subject.

By the charter of the Institution a Graduate of this School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

**R. OGDEN DOREMUS,**  
Dean of the Faculty.

New York Medical College,  
East Thirteenth st., near Broadway. } a13—eptN1

**KOUSOU**—Received by **PHILBRICK, CARPENTER & CO.** July, 1851.

**GENUINE MUSK** in pod; True Russian Castor; Scaammony; Gen. Burgundy Pitch; French Iodine; German Quinine; Iodide Potassae; Sugar of Lead, chemically pure; English Croton Oil. Just received by **PHILBRICK, CARPENTER & CO.,** 160 Washington street, Boston. aug 6

**ARTIFICIAL EYES** and **ANATOMICAL PREPARATIONS** imported to order by **PHILBRICK & TRAFTON,** Nov. 6. Physicians' Druggists.

**GLASS WARE** of every description, including German Bottles with accurately ground stoppers, from 1-4 oz. to one gallon. Also, wide and narrow mouthed Phials of white and green glass, of every size and variety, for sale in quantities to suit Physicians, by **PHILBRICK & TRAFTON.** Nov. 13

**TINCTURES** from English leaves of Hyoscyamus, Conium, Digitalis, Belladonna, and Aconite, Tinct. Indian Hemp. These Tinctures are of official strength. Sold by **PHILBRICK & TRAFTON.** Nov. 6.

**LEAD DISEASES.**—Dr. Dana's translation of L. Tanquerel des Planches's Treatise on Lead Diseases may be obtained at this office. Price, 75 cents—\$1.00, and \$1.25, according to the style of binding. Nov. 20.

**PRIZE ESSAY ON CROUP.**—The Boston Society for Medical Observation have not yet awarded the Prize, which was offered six months ago for the best practical Treatise on Croup and its Treatment. The same Prize is again proposed, and the period of competing for it extended to the first of January next.

All Dissertations must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached. All unsuccessful dissertations will be deposited with the Secretary of the Boston Society for Medical Observation, from whom they may be obtained with the sealed packet, unopened, if called for within a year after they have been received. All dissertations, moreover, must be legibly written, and forwarded, free of expense, by the first of January next, to one of the following gentlemen, who have been requested to act as judges.

**JOHN WARE, M.D.,**  
President Massachusetts Med. Soc.

**JOHN JEFFRIES, M.D.,**

President Suffolk District Med. Soc.

**EDW. H. CLARKE, M.D.**

Sec'y Boston Soc. for Med. Observation.

No prize will be awarded if no dissertation is thought worthy of one. Aug. 6—10teop

**PURE MEDICINAL EXTRACTS.**—We would call the attention of Physicians, Apothecaries and Druggists, to our list of Pure Extracts and annexed testimonials.

**TILDEN & CO.,**

98 John street, New York.

*Inspissated Alcoholic and Hydro-Alcoholic Extracts.*—Aconite, Butternut, Belladonna, BitterRoot, Boneset, Burdock, Blood Root, Blue Flag, Boxwood, Conium, Camomile, Cohosh—black or blue, Clover, Cowparsnip, Dandelion, Digitalis, Dulcamara, Dock—yellow, Garget—or Poke, Gentian, Hyoscyamus, Hardhack, Hops, Hellebore—black or white, Horehound, Indian Hemp, Lettuce—garden and wild, Lobelia, Mandrake, Malefern, Mullein, Oak—white, black or red; Poppy, Princess Pine, Rue, Savin, Sarsaparilla—American, Rio Negro, or Compound; Thornapple, Wormwood; and other varieties frequently used, as soon as they can be reached. They are put up in 1 lb., 1-2 lb., 1-4 lb., 2 oz. and 1 oz. glass jars.

*Extract from a letter of Professor Clark, of the College of Physicians and Surgeons of New York, to the editor of the New York Jour. of Medicine.*

"I have lately visited the manufactory of these Extracts. After inspecting the whole process, and examining a large number of preparations, I became so fully persuaded that these gentlemen have fallen upon the best plan of concentrating and preserving the active principles, especially of the narcotic vegetables, that I have voluntarily offered to them my assistance that I can render in introducing their medicines to the notice of the profession; being persuaded that these Extracts must possess the efficiency and the uniformity of strength so necessary to the successful use of this class of remedies, and, I may add, so long sought for in vain. Should your conviction of the value of these preparations correspond with my own, after you have examined them and tried them in practice, perhaps you may think it due alike to the profession and to the gentlemen who are improving the instruments by which we work, to call the attention of your readers to the improvements which I cannot doubt this process secures."

"Medical Society of the State of New York."

"Resolved, That this Society having seen and examined, and several of them having used the various Vegetable Extracts, made by Messrs. Tilden & Co., of New Lebanon, New York, and being satisfied of the valuable character of these preparations, hereby recommend them to the members of the profession generally. P. VAN BUREN, Secretary."

"Albany, Feb. 6, 1850."

"Massachusetts Medical Society for Berkshire District, June 21, 1850."

"Resolved, That this Society, having seen from various sources entitled to respect and confidence, commendatory notices of the excellency and purity of the various Medicinal Extracts prepared by the Messrs. Tilden, of New Lebanon, New York, and having tested them and used them ourselves, do most cordially recommend them to the medical profession."

H. H. CHILDS, President pro tem.,

and President of the Berkshire Med. College."

Jan. 22 -

**WINE OF COLCHICUM ROOT**—Sold by **PHILBRICK & TRAFTON.** N 13.



T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XLV.

WEDNESDAY, AUGUST 20, 1851.

No. 3.

ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 14.]

LEAVING, however, the subject of cancer (which, it must be admitted is a strong illustration of the morbid consequence of mental sorrow), yet still adhering to the depression of spirits, as a fertile source of bodily suffering, we embark at once on the wide ocean of nervous diseases.

Here, again the softer and more susceptible sex are, as is well known, the peculiar victims; for their sensibilities being more refined—their habits (especially in the aristocratic circles of society) far more sedentary—whilst their minds are less briskly engaged—the influence of nervous irritability is more intensely felt, and more permanently engrafted than in man. Their passions, moreover, being as strong, or perhaps stronger than in man, but covered by that mantle of concealment which nature, hand in hand with feminine modesty, throws over them, the inward fire keeps slowly smouldering on, and secretly consuming the frail tenement in which it lies imbedded—they become the prey of grief and disappointment; robbing them of

“Tired Nature’s sweet restorer, balmy sleep”

—destroying their appetite for food, and their enjoyment of pleasure—absorbing their every thought—disturbing their secretions—and thus undermining their general health, and, perhaps, ultimately sapping even the citadel of reason itself! So Virgil, speaking of Dido, says:—

“At Regina gravi jamdudum saucia cura  
Vulnus alit venis, et cæco carpitur igne  
Multæ viri virtus animo, multusque recursat  
Gentis honos—hærent infixi pectore vultus,  
Verbaque—nec placidam membris dat cura quietem.”

Hence arises hysteria in its myriad, fantastic shapes, acting on and agitating different parts, and simulating sundry structural affections so insidiously as to endanger the diagnosis even of experienced physicians. The irritable breast described by Sir Astley Cooper, the hysterical joint and other local affections, delineated so well by Sir B. Brodie, are striking illustrations of it: and it is distressing to think and to know that even limbs have been amputated, and painful operations performed, under an erroneous and simulated impression of the existence of organic disease. To quote the latter talented surgeon’s (Sir Benjamin Brodie) own



words:—"I do not hesitate to declare that among the higher classes of society, at least four fifths of the female patients who are commonly supposed to labor under diseases of the joints, labor under hysteria, and nothing else."—(Lectures, p. 37). These diseases occur in persons of an irritable disposition, and nervous temperament, in whom there is excessive excitability, accompanied with diminished power. The catamenia are almost always irregular, and generally deficient; and this whole class of disease is, probably, in the majority of instances, the reverberations of disappointed nature on the nervous system. The mind acting on the body through the great sympathetic nerve, affects different parts and different structures, varying in intensity, in form and in duration, in proportion to the varying sensibilities of its victims. Hence the extensive catalogue of what are designated *hysterical* affections, deriving their names (as the etymology indicates) from that focus of excitement to which my theory alludes. "Sed nec spectabilior est hujus morbi frequentia," says Sydenham, "quam varietas illa multiformis, qua se ostendit et nullos ferè non emulatur ex iis affectibus quibus atteruntur miseri mortales. Quamcunque enim corporis partem insederit, symptomata (qualia ei competunt parti) statim producit, et nisi medicus tam sagaci quadàm selertiâ et δεινοτητι quam in arte peritia valeat, fraus ei fiet atque ista symptomata à morbo aliquo essentiali hujus vel illius partis, non verò ab affectione hystericâ, penderes arbitrabitur."

Though corroborating my purpose, it would consume an unnecessary portion of time were I to adduce all the extraordinary and Protean forms in which hysteria manifests itself. Suffice it to say, that, contingent as the malady is on persons of high nervous excitability, attended with diminished power, it is best obviated by that class of medicine, and met by that line of treatment, which calms the one and renovates the other; and the medicines and treatment must be adapted to the particular form in which it presents itself, and to the individual circumstances of the person so affected.

Albeit, however, the female sex is more especially the subject of this disease, the etymology of which, as I just observed, would clearly *confine* it to woman, many are the instances in which men are also visited by it, inasmuch as it is an affection of the nervous, as well as of the *uterine* system. "Quinimo," as that patriarch of medicine just quoted observes, "non pauci ex iis *viris* vitam degentes solitariam, chartis solent impallescere eodem morbo tentantur." Another proof, though a negative one, of its *nervous origin*, is presented in the fact, that, however, acute may have been the local pain, dissection casts no light on its pathology, the seat of all the suffering, evincing, in a large majority of instances, no discernible cause of its intensity, whilst the whole class of tonic remedies which would aggravate the mimic inflammation, were it otherwise than visionary, is that which experience establishes as the most conducive to relief, the disease being dependent, in fact, on loss of tone, with excess of nervous susceptibility.

It would be a culpable omission, in speaking of the influence of the mind as a cause of disease, were I not to make a brief allusion, also, to that aristocratic visitation termed the gout. We know that, indepen-

dently of hereditary disposition, its *seminium* is in the stomach—that its agency is conveyed by the blood to the organs which it principally invades, and that excesses of an Epicurean character will produce and mostly generate a paroxysm. It cannot, however, be denied that all powerful mental emotions, though opposite in their nature, will generate it in a gouty subject, and that a fit of anger is a notoriously frequent exciting cause. The passions may either occasion an attack or cause its retrocession, or give birth to some irregular or misplaced action; and the suddenness of metastasis proves that the inflammatory type is one “*sui generis*,” and deviating from the nature of inflammation in its ordinary form. If, as I have before observed, and as must be universally admitted, the influence of the mind will alter the secretions, there is no reason why the stomach and its office of digestion should be exempted. We know that the sudden announcement of bad news will at once take away the appetite—and why? The shock vibrates to the various parts of the body, through the medium of the nervous and circulating system; the nervous energy is thereby partially paralyzed; the function of digestion is consequently deranged, and a paroxysm of gout is at once generated, where the predisposition exists.

Weakness of the remote nervous ramifications will necessarily influence the secretions of the parts which they supply; and when, as in gouty subjects, the blood abounds with excrementitious matters, the exhaled and secreted fluids possess preternatural or morbid properties which affect the sensibility of the extreme nerves and irritate the tissues in which they are deposited. The electric rapidity with which *metastasis* occurs can only be explained by reference to the organic nervous system, in co-operation with the arterial; the *materies morbi* being vested in the peculiar state of the blood. Now, if we contemplate the intimate connection which subsists through its medium, we can easily comprehend the transference of sensibility from one part to another. The tone, however, if not the structure of a part having been impaired by previous attacks, renders that part constantly liable to a fresh invasion; or it may visit other organs, according to the several causes which prevail, or the vascular conditions which at the time may happen to be in existence in those organs.

In consequence of frequent and severe attacks the structure of the minute vessels subsequently becomes altered, and the lithic lava of gout is at length deposited in the form of tophi or chalk stones.

Temperament is frequently connected with the progress of disease. There can be no doubt that the irritable temperament—*i. e.*, the sanguine, is more peculiarly under the influence of casual injury and of disease, and that an accident which in others would yield to the *vis medicatrix naturæ*, is frequently followed up in such subjects by serious constitutional disturbance. This temperament, wherein, as Hunter shrewdly observes, there is an “over-action to the strength of the parts,” is characterized by extraordinary vivacity of the nervous and vascular systems. Tremblingly alive to the slightest impressions, the sensibility of such persons is more acute; and I am firmly of opinion that they suffer infinitely more pain under surgical operations, as well as more grief un-



der mental affliction, than others who are not thus endowed. The mind is susceptible of greater emotions—their feelings are less under control—they float more buoyantly on the surface of hope, or they sink more deeply beneath the depths of despondency. They are more liable to tetanus after an operation, and their recovery is more uncertain and protracted. Raving madness belongs more particularly (according to the observations of Esquirol, and many others) to the sanguine temperament, whilst the melancholic is most prone to monomania and depression of spirits; nor is death an unfrequent consequence of this excess of their morbid sensibility. The body in such subjects is the slave of its tyrant empress, and life itself succumbs to her dominion. Such persons have been known to expire suddenly during the steps preliminary to a surgical operation. A striking instance of the fatal agency of the mind is recorded of a man who, under the bloodthirsty Robespierre, was condemned to be guillotined: by some accident the knife was arrested in its descent, and on removing the victim for the purpose of adjusting the fatal apparatus, life was found to be extinct; the mind had anticipated the executioner, and performed his office.

Another instance, which I believe is well authenticated, is presented in the case of three criminals on the Continent, who were condemned to die, and were only reprieved for the advancement of science, and given over accordingly to the tender mercies of surgeons, as the subjects of experiment. These professors informed them, that though the sentence of death was immutable, yet under the circumstances they should suffer little or no pain in its execution, which it was decreed should be carried out by the gradual loss of blood. Their eyes being bandaged, a slight puncture was made in each of their arms, and a small stream of warm water was poured continuously over the arm; thus giving them the entire conviction that their blood was flowing into the pail beneath. After this had been carried on a reasonable time, it was found that two out of the three had ceased to live! The fatal influence at other times, though equally effective, is more distant.

A surgeon in Essex, with whom I was well acquainted, rode several miles on horseback, early in October some years ago, to consult my father. He was about 45 years of age, and not only appeared to be, but admitted that he was, in good bodily health; yet a conviction had impressed him that he should not survive the ensuing February. It was in vain that my father endeavored to reason him out of it, and urged him to follow his favorite amusement of fox-hunting through the approaching season. He did so: but "death on the pale horse" overtook him, and realized his unalterable apprehension. A patient who despairs of recovery is certainly in greater danger than he who is convinced of his convalescence; and the vista of disease is dark and dreary in which the taper of hope has been utterly extinguished. The physician, therefore, who by his countenance or by his manner can inspire it, has gained an unquestionable advantage in the work of his vocation. The patient, especially if of a nervous temperament, studies his every turn of countenance—weighs his every word—and the thermometer of his feelings rises or falls accordingly. The mind becomes



enlisted in the service, and by its influence on matter dispels the peccant humors that oppress it. It becomes the duty, therefore, of the physician to infuse consolation, and to inspire hope wherever he can do so without confiscating truth ; for

“Sunt verba et voces quibus hunc lenire adoleoem  
Possis, et magnam morbi deponere partem.”

And here, though the language of poetry may by some be deemed inconsistent with the graver matter of a medical lecture, I cannot forego the quotation of lines so beautifully illustrative of the *powers* as well as the “*pleasures of hope*,” as :—

“Go, seek the dismal chamber, where disease  
Reclines with wasted form and pallid hue ;  
Where through the half-closed shutter sadly creeps  
A feeble ray that scarce a twilight sheds ;  
Whilst all around distressing signs appear  
Of fruitless remedies ! Mark, then, how sweet  
To lift the eye of *Hope* upon a friend !  
To feel upon the fluttering pulse the grasp  
Of one beloved—it beats with firmer force—  
The languid eye beams momentary joy ;  
And sickness, cheated by the smiling scene,  
Awhile forgets her pain-inflicting task !”

It is the despair of relief that too often impels the sufferer to fly into the arms of death in order to

“Whirl him, happy riddance, from himself.

This arises most frequently from exaggerated nervous irritation, as in the higher grades of hypochondriasis resulting from both physical and moral causes, and acting with awful severity on the brain through the nerves of the digestive apparatus. In aggravated cases of dyspepsia, where the mucous membrane of the stomach and intestinal tube is disordered, the mind becomes impaired ; hope is abandoned ; reason is overthrown, or rather, in such cases, as Lord Erskine observed—“Reason is not *driven from her seat*, but distraction sits down upon it along with her, and holds her trembling upon it, and frightens her from her propriety.” The delusions of fancy, of disordered imagination, and morbid sensibility, flit around their victim, and terrify him. The sympathetic palpitation of the heart is misconstrued into organic disease ; the little nervous or hepatic cough is converted by the imagination into pulmonary phthisis ; or the occasional giddiness, confusion, pain, heat or other anomalous sensations in the head, engender an apprehension of apoplexy, paralysis or derangement. Sometimes the sufferer avoids society from having lost all pleasure in it : or, if some pitying relative or friend should endeavor to engage him in conversation, he is unable to enter upon it, and swerves perpetually from the subject to describe his feelings, and seek their explanation. Consolation is refused ; or the abortive effort to lighten his despondency by making light of his complaints is twisted into raillery, and perverted into unkindness. Tortured by hypochondriasis, and frightened by the ghosts of fancied ills, he flies from one physician to another for advice ; or, beguiled by the *ignis futuus* of empirical puffs, and base and baseless promises of cure, he becomes the dupe of quackery and the martyr of imposture. Here

there is frequently a reciprocated agency of mind and body ; the unremitting nightmare of the mind impairs the secretions and digestion, and the irritability of the nerves and mucous membrane (aggravated, perhaps, by the drastic purgatives with which he has injudiciously been tortured), has added fresh irritation to the material organ of the mind. It is astonishing to observe how constantly the temper is affected by this malady. A friend and connection of mine, a most amiable man in all the domestic relations of life, and a pattern of piety, became so irascible under its influence, that he would sit before the fire and kick the fender till he nearly destroyed it ; swearing violently on the slightest provocation, and (to use his own words), "longing for a sword that he might cut any one to pieces that came in his way."

It is on the same principle that the drunkard is almost invariably irritable and morose ; and a similar effect frequently ensues after a full meal, or on eating indigestible articles of food. The irritation of the gastrointestinal nerves is communicated to the brain ; the temper manifests the stimulus ; perception is less acute, and the mental faculties are tarnished ; hence the valuable Roman maxim, "*Impransi disquirite !*" is evidently founded on observation and good sense.

Notwithstanding, the entire derangement of both the bodily and mental functions in this disease, anatomy has thrown no light on its pathology. Villermay maintains that the primary seat is in the stomach, and that the disease consists in a morbid state and an excess of organic sensibility of the nervous system, which is reflected sympathetically on different organs. Broussais refers it to the coats of the stomach, and a chronic inflammation of its mucous membrane. M. Georget, on the other hand, refers all the phenomena to the brain, and supports his theory with most plausible arguments. Certainly, when the cause in different cases is closely studied, it would appear that sometimes the disease is manifested primarily in the brain, and at others, in the digestive functions ; each theory has its respective merits. "*Et vitulâ, tu dignus, et hic !*" Be this as it may, the stomach in either case is affected. The hypochondriac, however, must not only abstain from those ingesta which augment this irritability, but must also exercise some moral restraint, and do his utmost to curb the first impulse of temper, by the aid of his reason and religion, as well as by abstinence. Many, after their nervous energy is exhausted, resort to fresh stimulus and to narcotics, and with temporary relief ; but the irritability is mostly exasperated by such measures after the soothing effects have passed away ; and both insanity and suicide have been the ultimate result.

Want of proper restraint during infancy and childhood lays the foundation of irritability of temper in numberless instances, and affords a lamentable illustration of the mind's dominion. That irritability swells into uncontrollable passion, which grows with their growth, and strengthens with their strength, till the mind assumes an unhealthy condition, and runs away with their reason, because reason becomes insensible to its curb. Cerebral excitement at last induces cerebral disease ; the membranes become vascular, and subsequently thickened, and the reiterated moral is converted into a permanent physical cause of mental derangement.

Abundant instances might be adduced of sudden death from the vehemence of anger, as well as of its devastating effects on the organismus of our bodily frame. Amongst the former may be enumerated the celebrated John Hunter—dying in St. George's Hospital, from the irritation consequent on opposition to one of his motions at the weekly Board of its Governors! Cheyne, Bonetus, and other authors give similar instances. The secretion of bile is unquestionably deteriorated by the operations of the mind; its blackened inspissation, combined with depression of spirits, has supplied the appropriate cognomen of melancholia. This is corroborated, moreover, by the relief that it derived from mercury, and its specific action on the liver, as well as to the relief given to the irritated gastro-intestinal nerves by carrying off the acrid secretion by mild and cooling purgatives; and hence Lord Byron declared that an ounce of salts exhilarated him more than a bottle of champagne! Since, however, both mind and body suffer in hypochondriacs, both demand our attention. Where the disease is traceable to hard study, close confinement, &c.—which so frequently happens—it is evident that both must be discontinued; and where (as in Broussais's theory) there is evidence of "gastro-enteritis," the antiphlogistic plan must be adopted in the first instance, and the tone of the stomach subsequently repaired by that regimen and those medicines which experience has established as most efficacious, but which it is superfluous that I should here enumerate.

[To be continued.]

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#### CASES OF CHEESE POISONING.

[THE following article on Cheese Poisoning is from the New Jersey Medical Reporter, being a portion of a notice of the Quarterly Transactions of the College of Physicians of Philadelphia.]

Dr. Parrish was called to a family consisting of a laboring man, his wife and six children, all of whom, except the wife, had been taken sick within a few minutes of each other, after eating their accustomed scanty meal of tea, bread and cheese, without anything else. The children were more violently affected than the father, their symptoms resembling somewhat those of cholera:—as severe vomiting, dizziness, great prostration of strength, coldness of the extremities, accompanied with profuse watery discharges from the bowels. After relieving the violence of the symptoms, the doctor took some of the matter ejected from the stomach to an apothecary, in order to apply to it some of the tests for metallic poison, but found no reason to suspect poison in any of the food. The druggist, on learning the facts of the sickness, mentioned that a family near by had been similarly affected, on the previous evening from eating cheese from the shop of a neighboring grocer. The doctor now repaired to the family in question, and found that those who had eaten the cheese had all been attacked in the same way as his own patients; and on visiting the grocer, from whom it had been obtained, he learned



that it was one of a large lot from a celebrated New York dairy, was but three or four months old, weighed but ninety pounds, and was considered a good article. The grocer had sold nearly seventy pounds of it within a few days to a large number of people, and had retailed out some eight or nine cheeses from the same lot, without hearing any complaint from his customers, until within two days, during which time five or six families had been taken ill. Those who had eaten of the cheese previously, though many of them were found, and inquired of, experienced no inconvenience from its use. A slice of the cheese being subjected to an analytical chemist, no trace of mineral poison could be found in it; hence in seeking an explanation of this singular phenomenon, the peculiar state of the atmosphere was thought of, as a probable source of the deleterious properties which seemed to be developed in the cheese under its influence—these singular facts having occurred during a spell of remarkably damp, foggy and mild weather, succeeding a cold and clear atmosphere in January. During the two days in which these cases occurred, the air was loaded with moisture, and the fog on the Delaware was sufficiently heavy, as to impede the progress of the boats in crossing.

The cheese, it is suggested, having been previously frozen, might, in the process of softening, have developed deleterious properties; or that, as often happens under more favorable circumstances, the oily matters contained in it might have been converted into an irritating acid, which acted on the stomach and bowels in the manner described.

What strikes us as remarkable, is the fact that the discarded portion of the (poisonous) cheese, was afterwards sold out in slices by another person, without any unpleasant results; which fact seems to confirm the theory that the cause of the offending property was atmospheric. Considerable pains having been taken by Dr. P. to ascertain the extent of injury from this cause, he supposes that not less than one hundred persons have been made sick from this cause, under the observation of physicians in Philadelphia. But we must close this already lengthened notice, by copying from the essay before us, the following:—"So far as the limited number of observations here detailed, will justify any conclusion, we might say first:—That in all the instances of sickness from cheese poison, the cheese has been mild and newly made.

Secondly. That the deleterious properties of the article have been developed suddenly in a mass not previously injurious.

"Thirdly. That in all the cases the cheese had been exposed to the air; and that in all probability a peculiar state of the atmosphere was the immediate cause of the development of poisonous properties.

"If these conclusions be correct, it would seem proper that all newly-made cheese should be protected from the air, especially in damp weather; and that their too free use as an article of food, to the exclusion of more wholesome and substantial aliment, should be discouraged."

## REPORT OF A CASE OF DOUBTFUL SEX.

BY WM. M. BROOCKS, MILTON, N. C.

It is so exceedingly rare to meet with a *lusus nature* of this kind in the United States, that it might be thought almost culpable if it were not reported. It is doubtful whether any of the primitive races of any nation ever present such anomalies. It is only among high bred classes of men and animals that such cases are to be found. Nature here seems to hesitate as to the sex she will choose to cast off from her generative matrix.

Martha, the subject of this report, is a slave, the property of a gentleman of Pittsylvania county, Va. She is not a pure African, but a brown mulatto, about 24 years old; she has the rounded limbs of the female, weighs 145 pounds, and of Dutch build from shoulders to pelvis. She has suffered from neuralgia of her foot, and fever; has been married some three or four years, and has never menstruated. It was, therefore, naturally supposed that her sufferings were caused by amenorrhœa. When she was before me for examination in April, 1850, my attention was first called to the flatness of her broad chest, and entire absence of her breasts, and as she had never had her catamenia, I inferred that her genital organization was defective; and upon examination very carefully made, both by the sight and the touch, I found this to be the fact. The pectoral muscles were as devoid of the mammary glands above them, as those of a male of the same age; the nipple was of the ordinary male size; face full, oval and masculine. The genitals presented the most extraordinary appearance. The mons veneris was covered with the usual growth of hair of puberty—descending from the upper part of the external labia, was a small black apron, about three inches long, like the African prepuce, which at first sight, as it tapered to a small point forward and downwards resembled the pendulous penis. On lifting it up, it was not round or solid, but extensible, like a cut-open prepuce. Near its junction to the labia, and just within, could be seen and felt a large clitoris nearly two inches long, and feeling like the spongy corpora cavernosa of the penis, and having the cellular membrane only over its structure.

On passing through the nymphæ, the finger came in contact with the upper portion of the vagina, on which the distended bladder rested, and no further ingress to the finger forward was permitted. In the centre of the axis of the pelvis, the finger was introduced, and then carried to the left side, and in this direction it was arrested.

On the right side, the finger passed some three inches towards the left iliac fossa to a *cul-de-sac*, near the bottom of which a small spongy tuber like a testis gland was felt, having no scrotal covering. I then searched higher up for the uterus, and all around the sac, as far as it could be reached—I could find none, neither os tincæ, body or fundus. She said she had never had pains in her loins, &c., which usually precede the incipient menstrual effort at puberty. She had little or no desire for copulation, and did not enjoy it, and it sometimes gave her pain.

I regard this case highly interesting, physiologically, and as well as en-

titled to be classed with those of hermaphroditism as any which I have seen reported—the absence of mammæ and uterus assimilating her to the male, and the well-developed external labia and nymphæ to the female.

*Stethoscope and Virginia Med. Gazette.*

#### CÆSAREAN OPERATION.

[The following letter is from M. M. Rodgers, M.D., to the editor of the Buffalo Medical Journal, dated Paris, January 20, 1851.]

Dear Sir,—I send you for publication an account of a case of Cæsarean operation, which I have just seen performed by M. Paul Dubois, in the Hospital “Clinique d’Accouchements.” This operation, although far more common than in the United States, is by no means of frequent occurrence in Europe. M. Dubois, if I understand him correctly, said he had made the section eight times before.

The subject of the operation was an in-patient of the Hospital; single woman, 24 years of age, primiparous, dwarfish, of rachitic constitution, nervo-bilious and lymphatic temperament, with deformed pelvis and inferior extremities. The pelvis was compressed so as to leave only one and a quarter inch in the antero-posterior diameter, which was insufficient for the delivery of the child even after embryotomy. Labor commenced at the full period of gestation, and had been progressing slowly for about six hours, the amniotic fluid having been discharged during that time. Difficulty being apprehended by the “internes” and “chef-du-clinique” in attendance, M. Dubois, Physician-accoucheur, of this Hospital, was called in; after examination per vaginam, the Professor, by the concurrent advice of Prof. De Paul, decided upon the necessity of the section. This was at 9 o’clock in the evening, the woman being then somewhat exhausted, and the child still living, as shown by auscultation; the operation was, however, deferred till the next day at 10 o’clock. The patient was brought into the amphitheatre somewhat more feeble than the night before, although under the effect of anodynes and stimulants; she was laid upon her back on the operating table, with the thighs flexed upon the body, and the shoulders raised.

The operation was commenced (without chloroform) by making an incision just opposite the umbilicus, and extending to the symphysis pubis, about eight inches; the first incision was made through the integuments; a small opening was then made through peritoneum, and the incision finished by a bistoury and grooved director; the next incision was made through the walls of the uterus, about six inches long, when the child appeared in sight; it was extracted by the feet, dead; the cord was tied, and the placenta extracted by the same orifice. The operation, occupied about eight minutes exclusive of dressing. The bleeding was only slight from the incision; the edges of the wound in the abdominal walls were brought into coaptation and secured by interrupted quilled sutures, the incision in the uterus being perfectly closed by its contraction; adhesive straps, charpie, a compress and bandage around the body, finished the dressing. The patient, who suffered much



from pain, and was much exhausted, was removed to her ward, and allowed an anodyne and hot wine and water: she, however, was unable to rest, and re-action not taking place, she sunk rapidly, and died of collapse, thirty-six hours after the operation.

This was, doubtless, a fair case for the operation, and offered the only hope of saving either the mother or child; but the time to save the child was while it was alive; and after that was dead the mother was too much exhausted to leave much hope of her recovery from so severe an operation; so that the delay in the case certainly was the cause of losing one if not both lives. But as I intended only to give the details of the operation, which was skilfully performed, I shall give no opinions, but leave others to draw such conclusions, and make such reflections as they please.

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### DENTAL COLLEGES.

BY W. R. HANDY, M.D., BALTIMORE, MD.

[Communicated for the Boston Medical and Surgical Journal.]

MAN, from his constitutional formation, is necessarily a creature of *want*; and of wants of various kind, differing according to the complex being of his nature, but all of such imperious necessity as to demand provision for these wants; and still further, provision of a suitable character, otherwise damage will be the result, and that damage, it is believed, will be felt by the constitution, precisely in the proportion in which this provision is dealt out, as to time, quantity, and quality. Now these wants of man's being may all be arranged under three heads, viz., those of his *physical, intellectual and moral*. Among his physical wants are those having reference to his body, as the supplying it with food and raiment, and the restoring it when diseased or injured. To meet this class of wants, a great variety of arts have been introduced, among which is numbered the art of Dentistry. His intellectual wants refer to the mind, which, if any thing, are still more imperious in their demands than those of the body, for the latter have not only been hushed, but entirely forgotten during the loudness of the calls of the former, and the intensity of the gratification furnished by the surpassing excellence of the provisions destined to supply the mental wants. Among these intellectual wants stand out first and most prominent, education of all the faculties of the mind; for each faculty requires as much its proper aliment, which education can alone furnish, for the existence of intellectual life, as food, clothing, and the atmosphere are essential provisions for the existence of physical life. Now this education, to become available for the whole mass of mind, has been reduced into practical and tangible shape, by the founding of schools and colleges, which are, as it were, the great mental store houses, for dealing out from day to day to the hungering mind, such aliment in kind and quantity as is found best adapted for its highest intellectual growth and development, as well as best suited, also, to make it practical and useful, by teaching it how to apply its education to the benefit of mankind, and to relieving the various ills of suffering humanity.

Among the numerous colleges destined to this great end, are now included the *dental*, and about which we propose offering simply a few plain, common-sense, practical remarks for the reflection of the public, as well as the profession.

The utility and absolute necessity of medical colleges, as an essential element for preparing the mind of the physician to meet the great practical duties of his profession, in saving life and restoring health, no one for a moment pretends to call in question. And still further it will also be readily admitted, that such preparation is far superior to any private instruction which any single individual can furnish, however excellent and valuable it may be; and for the simple reason that a faculty of physicians, having under their charge a college, with hospitals and infirmaries, and each devoting himself to a particular department of the healing art, and each applying the principles of his teachings in the practical management of disease among the numerous patients of the hospital, thus presents to the medical student facilities, both theoretical and practical, which it is impossible that any private instruction can furnish to the same extent, and which, in fact, no physician pretends for an instant to insist upon. While on the other hand private instruction is by no means meant to be undervalued, but on the contrary to be regarded as an important and essential co-worker with the colleges during the recess of their sessions; and instead therefore of having antagonistic interests, they are in truth but continuous links in the same great and unbroken chain of medical instruction.

Now if these propositions be admitted in reference to medical colleges, we are at a loss to conceive why the same should not also be conceded to dental colleges—and precisely upon the same grounds, and for the same reasons. Every one freely acknowledges, as well as painfully feels the force of the fact, that the teeth are frequently liable to disease, decay, and loss; and that the removal of this disease and decay, with the restoration of this loss involves, and has involved from time immemorial, a want—and a want of equal necessity in requiring suitable provisions for the preservation of the health of the teeth, as for the health of any other portion of the body; and to meet this almost universal want, we find that dentists have consequently sprung up in every part of the world—for the people will have this want supplied; and if they cannot get good dentists, they will take bad ones, rather than have none.

Now the question comes back, and may be fairly asked, why is there not the same reason for believing, and that confidently, that dental colleges and their infirmaries can, and do furnish the same facilities for theoretical and practical instruction, and do take the same pains in educating the head and the hand of the dental student for all the duties of his profession, as that of any medical college in qualifying their students for the practice of general medicine? And if such a position be conceded, then the absolute necessity of their existence, grounded upon their analogy to medical colleges, must also be conceded. Such concession, however, is not only derived from analogy, but the people themselves have spoken out upon this subject, and their representatives in the legislatures of two States, viz., Maryland and Ohio, have declared that dental col-

leges are necessary ; and in accordance with such declaration, have consequently granted charters to the Baltimore College of Dental Surgery, and the Dental College of Ohio, giving them the usual powers of medical colleges in general.

The necessity of dental colleges being established, the next position, of their furnishing superior facilities over any private dental instruction, must also be conceded ; and for the same reason that college medical instruction is superior to any private medical teaching. And although this is now beginning to be acknowledged by the great mass of intelligent dentists, yet they seem to be much slower in admitting that private dental instruction is simply a link, and only a preparatory step, to that more thorough theoretical and practical drilling which the dental college furnishes ; and which, as in the private medical teacher, instead of placing himself in the attitude of an enemy to the college, on the contrary, should regard himself as its friend and co-worker—as they each are striving for the same noble end, viz., the elevation of the science and the art of dentistry, as well as the amelioration of the sufferings of their fellow beings. Now if this be true, that the grand aim of college dental instruction and private dental instruction is the same, why then any more than in the medical should there be any difference or discord, where there is unity of purpose, and consequently, where we can see no good reason why there should not also be unity of feeling and co-operation ?

Having already trespassed much further than we intended, we shall close with the simple statement, that we have endeavored, throughout the whole of these broken remarks, to present dental colleges in their true attitude before the public and the dental profession, as instruments designed for the injury of neither, but for the benefit of both.

#### NOTES TAKEN FROM HEARING MEDICAL LECTURES IN PHILADELPHIA, IN 1815-16.

BY JOSEPH COMSTOCK, M.D., LEBANON, CONN.

[Communicated for the Boston Medical and Surgical Journal.]

DR. BENJAMIN RUSH was dead previous to the writer's attending lectures ; but Dr. James Rush, his son, read his father's lectures (not in the University) to a small class, of which I was one. These were considered by Dr. James Mease, and by Dr. Joseph Parrish, to whom the writer had letters of introduction, as having received Dr. Rush's last touches and illustrations, and as being of great value. Dr. Barton, immediate successor to Dr. Benjamin Rush in the chair of Theory and Practice, died whilst I was there, and never lectured after my arrival. Lectures in his department were in consequence supplied by the other professors. This will explain why some things in my notes, as for instance, in Dr. Wistar's lectures, who was professor of Anatomy ; in Dr. Chapman's, who was then professor of Materia Medica, and in Dr. Physick's, who was professor of Surgery, may not appear as strictly belonging to their departments. And so of others.

#### DR. PHYSICK.

*On Apoplexy.*—Mr. Home punctured the *dura mater*. It relieved



the patient at first, but he afterwards died of *hernia cerebri*. The passage of the blood, Dr. Physick says, is just as free through the lungs during the state of expiration, as during inspiration. He attributes this phenomenon to the violent efforts of the animal to inspire, and thinks by the force of the abdominal muscles the blood vessels of the head are extended. Thus, after trephining, it is observed that during inspiration, the *dura mater* is pressed upwards. It is necessary, he said, to distinguish apoplexy from epilepsy, fainting, and intoxication.

*On the Eye.*—Dr. P. prefers the operation of extracting the crystalline lens to couching—it being less painful. He had a case in which couching left a long-continued pain in the eye of a woman, which nothing relieved. To prepare the eye for the operation, the pupil is to be dilated by the previous application of tinct. of stramonium, an hour or two beforehand. The knife is to be very sharp. It is to be introduced from the superior part of the outer canthus, obliquely, towards the inner canthus. A needle with a curved point is to be used to seize the crystalline lens by its capsule, and thus to extract it. The lens is sometimes torn in pieces by the introduction of a needle, and left to be absorbed. This Saunders and Adams prefer to extracting or couching. Couching, which is pushing down the crystalline lens behind the vitreous humor, is performed by introducing the needle through the coats of the eye. It is to be introduced a little on one side of the cornea. In cases of extraction, a very fine pair of forceps, a fine scoop, to scoop out any remains of opacity, a speculum, and a very sharp knife are the instruments. The upper eyelid, at the inner canthus, is to be pressed upwards against the superciliary ridge; the lower is to be supported by the surgeon himself. Great care is to be taken that too much pressure is not made on the ball of the eye, as that might dislodge, and occasion to be pressed out the whole vitreous humor. To prevent the patient from rubbing the eye in sleep, and thus producing the like dislodgement, of which he once had a case, the patient's hands must be tied to the bedstead. If the iris is entangled upon the knife, pressure is to be made upon the cornea to dislodge it.

DR. RUSH.

*On Rheumatism and the Rheumatic State of Fever.*—The absence of the heat of the body called cold, is the exciting cause. It does not affect the internal parts like gout. It does not impair the appetite, digestion, nor functions of the brain. The worst cases of rheumatism occur in summer. When it seizes the side it is called bastard pleurisy; when the head, headache; when the neck, it is called stiff-neck, and is then combined with spasm. In hard drinkers, it has an eruption on the skin, and is then termed scorbutic rheumatism. When it suppurates, it is called arthropoosis. Sometimes it is translated to the lungs and then produces consumption. A case was related in which it disabled a man in every joint, and displaced most of them. It so affected the ear as to cause deafness. He could not move his jaws, and sucked his sustenance through a straw. It killed him finally, but his senses remained to the very last stage of life. Premonitory signs of rheumatism are lassitude, chills, &c. The breakbone fever prevailed in that city in 1780.

*Remedies for Rheumatism.*—1. Bloodletting. This, we were told, is forbidden by Drs. Fothergill and Willan. 2. Purges. 3. Antimonial powder. 4. Seneka. 5. Dover's powder, ten to twenty grains every night. 6. Blisters. He mentioned that farmers cured their horses of rheumatism by tying them twelve or fourteen hours in a stream of cold water.

*Anomalous Rheumatism.*—Dumb or depressed state, the pain transferred to prostration. The pain, which is a less alarming symptom than prostration, being absent. It is brought back to the muscles by bloodletting.

[To be continued.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 20, 1851.

*Decay of Teeth.*—Civilization has been marked by the appearance of a premature destruction of the teeth. No one organ, under ordinary circumstances, should fail any sooner than another. All the senses, when not abused, are tolerably active to advanced old age, when they operate less perfectly, each of them being only maintained by the harmonious movement of the others. At the expiration of three score and ten, some of the delicate interior structures, under the action of combined forces that belong to civilization, ordinarily give out. One becomes deaf, who has perhaps been subjected to the shock of an explosion; another has dim vision because he has habitually allowed injurious causes to operate, that might have been avoided; and so on in regard to the violation of many of the laws of our nature.

The northern parts of the United States are proverbial for the bad teeth of the inhabitants, and for a long while the question has been agitated—what is the cause of it? Every answer but the right seems to have been given. One of the Journals, the name of which is not recollected, recently intimated that our food does not contain phosphate of lime enough to meet the exigencies of the system. This idea strikes us as being correct. In no country do so many people uniformly consume fine flour, for habitual food, as in the northern States. By throwing aside the bran, we actually deprive ourselves of that portion of the grain which it may be supposed contains the material for keeping the teeth in repair. A persistence in this habit of using none but bolted wheat, for two generations, is quite sufficient to lay the foundation of a constitutional or hereditary tendency to bad teeth. The western and southern inhabitants are preparing for the same misfortune in their posterity, since fine-bolted flour is becoming the staple article of food with them. Bolting mills were put in operation in New England. Here poor teeth first began to appear; and here they will always abound, should this cause prove the true one, till a more simple preparation of bread has been adopted long enough to overcome the defect in the parent stock.

Dentists are frank in warning their customers of the vices to which they are slaves, but to little purpose; and so we go on, from family to family, mending, stopping and plugging up carious breaks in the enamel, till in

after ages, the native Bedouins of ancient America will ransack the tombs for the gold in the teeth of the buried millions, as they are now pounding up the mummies at the necropolis of Sakkara, to find rings and jewelry buried on the ancient Egyptians.

Very much may be done for children, where a tendency to a premature decay of the teeth is discoverable, by strict attention to diet; simple food, never hot; and coarse bread, particularly from unbolted flour. Our food is too concentrated. It should be coarser. Nature has infused into the material for supporting animal life, all the elements necessary for maintaining the stability of the vital mechanism. By bolting flour we have disordered her arrangement, and must expect to suffer the consequences.

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*National Medical College.*—This is in the city of Washington, with a faculty of seven gentlemen. Dr. Miller has been identified with the institution from the beginning—a worthy man, who will do all he can to promote the interests of students. An infirmary, the clinical department of the College, offers strong inducements for those ambitious of having a practical knowledge of diseases. All the natural sciences may be studied under very superior advantages at Washington. There is the Smithsonian collection of books and objects—the library of Congress, accessible to all, besides certain facilities in other respects, of an important character.

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*Dr. Frickardt's Valedictory.*—This is a sensible discourse, in which the doctrine is inculcated that it is a delightful thing to be a physician, "O! what a labor! Oh! what a glorious privilege and power! How sublime to heal the sick, the lame, the blind, the deaf; to still the aching brain, to soothe the throbbing heart!" True enough, but there is another side to the picture. There is a great difference between practising medicine in the place where quacks are in the ascendant and one where science alone is the passport to distinction and patronage. The graduates of the Philadelphia College, of which Dr. Frickardt is a worthy professor, live in a happy period and in a happy place. We like the suggestions in this discourse, and particularly the directions for becoming useful and eminent. If we were to criticise the pamphlet closely, it is possible we might say that the author thinks better of the profession than the world at large. The ranks are not all filled with Solomons, nor is every student to become a learned Baron Larrey. Medicine is a fine field for the exercise of humanity; but those in our blessed country, who are best qualified to practise it, are poorly appreciated, and too often precariously sustained.

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*Boylston Medical School.*—This institution has been some years in successful operation in this city, and from the medical reputation of those on whom the course of daily instruction devolves, we can recommend it most cordially to those who are desirous of placing their sons and wards where they will be thoroughly taught. We have far greater confidence in organizations of this kind, than in some of the flimsy medical colleges which come up in a night—the laboratory of two thirds of those pests in society, quacks, of which the United States is disgracefully burdened. Recitations, chemical manipulations, &c., under responsible men, who have a character to sustain, is the only method of studying medicine so as to understand it. Those who assume the duties of medical



practitioners have no apology for being ignorant of the profession, at this day, while these excellent schools are expressly maintained for their advantage.

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*Ranking's Medical Abstract.*—No. 18, embracing a practical gleanings from all the Journals, of what five eminent medical gentlemen in England consider worth preserving in a methodical form, ranging from January to June, of the present year, is lying upon the table. After what we have heretofore said in regard to the high character of this half-yearly publication, it is unnecessary to do more than to allude to it now. Those who appreciate the first class of medical papers, sent forth to illustrate, as it were, the actual state of medical science at the period they were written, will understand the claims of the work.

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*Clairvoyancy.*—Spiritual knockings, we had supposed, had nearly superseded clairvoyant operations; but by the signs in large letters in several parts of Boston, together with the number of advertising seers who bespeak the patronage of fools through the papers, it is obvious that the pretensions of imposters are still unblushingly common in New England; and disgraceful as it is to the age and the intelligence of the people, clairvoyant females, who look into the interior of their customers' bodies with shut eyes, declaring they see disease, and then indicate the remedy, have employment and fat fees. Their gross impositions are indictable offences, as much as any direct act of cheating; but the people seem to love the pleasant excitement of being duped.

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*Proposed Remedy for Sea-sickness.*—"At a late meeting of the French Academy of Science, a paper was read by M. Currie, on sea-sickness. In the communication M. Currie has pointed out the cause of sea-sickness. He has shown that it depends upon the movement of the intestinal canal, which floats, as it were, in the abdomen. It descends with every movement of the vessel, and then ascending pushes up the stomach and the diaphragm. His theory, well explained, was well received, and Magendie and Keraudieu gave their assent to it. But his remedy was thought more ingenious than practicable. It was to breathe in with every downward movement of the vessel, and expire the air with its assent. What seemed more easy, and is known to be more effectual, is the horizontal position in the ship, and a tight bandage over the abdomen."

Not a particle of reliance should be placed in the foregoing proposed remedy. In the first place, the theory advanced is an old one re-vamped; and may or may not be true. But the idea of preventing sea-sickness by medicines or mechanical contrivances, is absolutely ridiculous. We have had experience enough at sea, and tried experiments to no purpose whatever. Whoever goes upon the ocean must expect to suffer to some extent, in the way of nausea. A few, only, out of thousands, escape; but the majority of all "who go down to the sea in ships," suffer from sickness, and always will. A central position, where there is the least motion of the vessel, offers the only amelioration, and that is so trifling as not always to be recognized. We would advise no one, therefore, to take anything with an expectation of warding off sea-sickness. It is better that nature should manage her own affairs in her own way.

*Journals and Journalizing.*—No one ought to complain that there is no appropriate medium for expressing his peculiar views on medical matters in this land of opinions. In medicine, as well as theology, people have a propensity for tinkering the current systems, till Journals of all dimensions and characters are too numerous for any ordinary pair of eyes to read. Our pile of exchanges swells into mounds in the course of a few months, the minute contents of which we cannot be expected to be very familiar with. While it is the legitimate province of medical periodicals to record and announce the progress of science, it is equally beneficial to those who take them, that they should herald general intelligence which has a relationship to the pursuits of the physician. But some of the medical periodicals—or rather those that assume to be medical—are mere vehicles for vituperating all who differ from their narrow platform, and the untiring ambition of those who conduct them is to overturn and forever destroy the whole fabric which it has been the work of ages to raise. These are the *reform Journals*, the organs of reforming associations and milk-and-water colleges, raised into being through the prejudices of ignorant legislators, backed by fanatics, and, still further in the shade, low, designing ignoramuses. No essential changes will ever be effected by these increasing swarms of hornet monthlies, and it is a pity that such energy should be expended on shadows. Occasionally an individual who knows better, whose advantages have given him the countenance of persons of high intellectual accomplishments, deserts to these enemies of order, with a vain hope of rising to a distinction which he had the sense to discover was not attainable among those of more application, genius and honesty. Such are excessively vindictive, as traitors always are, and their plans in the rabid Journals for re-organizing the world, and especially the medical part of it, could they be realized, would invariably carry them, like liberated corks, to the top of the fluid. In one of these mushroom publications, issued in New York, that has lived thus far to the third number—the title being, as usual, “*Medical Reform for the People and the Profession*,” is an article by a Lydia J. Pierson, on American women, that is written with vigor, truth and beauty. The writer shows a familiarity with the great principles of physiology; and, above all, instead of flying into a passion because she cannot be a queen of the Amazon’s, she shows that she is under the dominion of common sense, broad-cast charity, and virtuous aspirations. We have rarely lighted upon a paper of equal value, and therefore regret that the authoress should have sown where no one goes for a harvest.

In closing these observations, we confess our admiration of talent wherever found; but prefer that it should, if possible, have all the benefits arising from influences calculated to develope, elevate and purify it.

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*Saratoga Water.*—Facilities are spoken of for delivering the water of a new spring, recently found in Saratoga, the evening of the day it is bottled. If any one has a special interest in the business, it is the physician; and yet it is presumed that no medical man in the city has either seen or tasted it. Of course, till something is known in regard to the new spring, they will prescribe the old Congress water, if inferior to the other, as they would not be justified in casting off an old friend upon the recommendation of irresponsible persons, for a new one. When so much depends on the testimony of physicians, as the introduction of a mineral water, which

the owners are desirous of having extensively tried, it is extraordinary that they neither seek their kind offices, their opinion or their patronage.

If our medical friends are hurt at this pointed neglect, they must remember that this is the quacking age; and when they are apparently overlooked, it is because brass now passes with the crowd instead of gold.

*University of Iowa.*—Lectures in the medical department will commence at Keokuk, on the first Monday in November. A new hospital has been opened, to which students will have access, that must add very much to the value of a course of medical and surgical instruction. Dr. Armor will continue his connection with the school, as heretofore. In February last, ten young gentlemen were graduated doctors of medicine, and an honorary diploma was conferred on Dr. N. G. Sales, of Iowa.

The Medico-Chirurgical Journal, published at Keokuk, is a credit to the medical literature of the young State. There is a freshness about it, and a degree of character that indicates the activity, discretion and versatility of those who conduct it.

*American Medical Association. Prize Essays.*—At the meeting of the American Medical Association held in Charleston, S. C., in May last, the undersigned were appointed a Committee to receive and examine such voluntary communications on subjects connected with medical science, as individuals might see fit to make, and to award a prize to any number of them not exceeding five, if they should be regarded as entitled to such a distinction.

To carry into effect the intentions of the Association, notice is hereby given, that all such communications must be sent post-paid, on or before the first day of April, 1852, to Geo. Hayward, M.D., Boston, Mass. Each communication must be accompanied by a sealed packet, containing the name of the author—which will not be opened unless the accompanying communication be deemed worthy of a prize. The authors of the unsuccessful papers may receive them on application to the Committee, at any time after the first of June, 1852; and the successful ones, it is understood, will be printed in the Transactions of the Association.

GEO. HAYWARD, *Boston.*

J. B. S. JACKSON, “

D. H. STORER, “

JACOB BIGELOW, “

USHER PARSONS, *Providence, R. I.*

*Boston, Aug. 20, 1851.*

Editors of Medical Journals throughout the United States, are respectfully requested to give the above one insertion in their respective Journals.

*Fatal Mistakes.*—TO THE EDITOR, &c. Sir,—The instance of a fatal mistake, by an apothecary putting up *morphine* instead of *quinine*, mentioned in your Journal of July 30, with a number of previous cases, induces me to suggest a remedy, in order to prevent similar disasters. It is this, that every ounce of morphine should be ground up with ten grains of catechu. This would so change the color, without impairing the article, as to prevent any occurrence of a result so melancholy. Let our brethren of the faculty, enter into an understanding and agreement not to patronize



any apothecary's shop in which this mode is not adopted, and at once the change will take place, and all future hazard be done away.

*Lebanon, Conn., August, 1851.*

JOSEPH COMSTOCK, M.D.

*Monstrosity.*—Drs. J. Cohen and M. A. Durr, physicians of Jacksonville, Telfair Co., Georgia, have in their office a curious natural phenomenon, in the shape of a negro child, born upon the premises of David J. Williams, of that town, which weighed twelve pounds, and had two well formed and separate heads and necks, two arms, and two spinal columns, three legs with feet attached, two in their natural position and the other coming out on the back of the region of the hips, with two hearts, partially joined together, two lungs, and other anomalies.

*Medical Miscellany.*—Our friend, Mrs. Sarah J. Hale, the poetess, is in favor of female physicians. The ambitious sex will soon meddle with surgery.—Down at Lockport they begin to write technical epitaphs thus—

“The little hero who lies here,  
Was conquered by the diarrhoea.”

—The oldest person in Vermont is a colored man, residing at Pomfret, who was born in Martinico.—Accounts of the fatality of cholera are about as frequent as ever, the world over.—Dr. Mott, of New York, has been appointed to a chair in the medical college at Washington.—That old remedy, the inhalation of oxygen gas, is re-proposed as a remedy for consumption.—By inhaling chloroform, the poison of strychnine may be arrested.—A deaf and dumb medical student has made application to the medical college of Ohio, to ascertain on what terms he could receive a degree.—The cod-liver oil consumers propose an indignation meeting, to demand a better lasting remedy.—A new principle in the construction of an artificial leg, is proposed by Mr. W. C. Stone, of Boston.—Hooping cough begins to annoy the young children in this region.—A woman is living at the South who is 130 years old, and reads without glasses.—Measles and bowel complaints begin to alarm the people of the country at the North, by their general prevalence.—Smallpox has broken out at Phillips, and also in the vicinity of Farmington, Me.—A disease known as the black tooth, has proved very fatal to swine at St. Johns, N. B.—The venerable Sir George Smith Gibbes, M.D., died on the 23d June last, at Sidmouth, Devon, England, aged 80. The deceased was a Fellow of the Royal College of Physicians, and for many years physician extraordinary to Queen Charlotte, during whose reign he was knighted.

TO CORRESPONDENTS.—Communications have been received from Dr. S. J. W. Tabor; from Dr. E. K. Sanborn; from Dr. C. B. Gelantine; and from Dr. J. X. C. Dr. G. R. Henry will find an answer to his query in the present Journal.

DIED,—At Montville, Conn., Dr. Ephraim Fellows, 84. Respected and esteemed.

*Deaths in Boston*—for the week ending Saturday noon, Aug. 16th, 88.—Males, 51—females, 37. Accidental, 1—asthma, 1—disease of bowels, 10—inflammation of bowels, 3—disease of brain, 3—congestion of brain, 1—consumption, 8—convulsions, 5—cholera infantum, 3—cholera morbus, 1—canker, 2—croup, 1—dysentery, 6—diarrhoea, 1—dropsy, 2—dropsy of the brain, 3—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—lung fever, 2—brain fever, 1—hooping cough, 1—disease of the heart, 1—infantile, 11—inflammation of lungs, 1—disease of liver, 1—marasmus, 2—measles, 1—old age, 1—palsy, 2—pleurisy, 1—puerperal, 2—suicide, 1—scrofula, 1—strangulation, 1—teething, 3.

Under 5 years, 50—between 5 and 20 years, 8—between 20 and 40 years, 16—between 40 and 60 years, 8—over 60 years, 6. Americans, 33; foreigners and children of foreigners, 50.

The above includes 6 deaths at the City Institutions.

**JEFFERSON MEDICAL COLLEGE.**—Session of 1851-52.—The regular course of Lectures will commence on Monday, the 13th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month as formerly.

ROBLEY DUNGLISON, M.D., Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MUTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

ELLERSLIE WALLACE, M.D., Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the Course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year nineteen hundred and seventy-nine cases were treated, and two hundred and seventy-three operations performed. Amongst these were many major operations—as lithotomy, amputation of the leg, arm, &c., extirpation of the eye and mamma, trephining, extensive plastic operations, resection of the femur for anchylosis, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the dissecting rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Fees.—Matriculation, which is paid only once, \$5. Each Professor \$15, \$105. Graduation, \$30.

The number of Students during the last Session was 504; and of Graduates 227.

R. M. HUSTON, M.D.,  
Dean of the Faculty, No. 1 Girard st.  
Philadelphia, July, 1851.      jy 9—tOls

**CURVATURES AND DEFORMITIES**—in the Spine, Hip or Limbs, corrected and supported by our improved Anatomical Supports, which are constructed on scientific principles, being invisible and of great support, and do not prevent the patient from taking exercise. Also, Spring Instruments and Boots for Club Foot, Bow Legs, &c., in children or adults.

These articles sent to any part of the Union or Canada, on the receipt of proper measurements, and a good fit warranted in all cases.

(Established 1849.) JAMES MILLER & CO., (many years with Sheldrake, Bigg & Co., London,) *Surgical and Anatomical Mechanicians, Boston, 2 1-2 Bromfield street, up stairs.*

References.—Drs. J. C. Warren, M. S. Perry, J. Mason Warren, S. D. Townsend, D. H. Storer, and J. V. C. Smith, Editor of the Boston Medical and Surgical Journal. Jan. 15.—e3dwlyr

**IMPROVED UTERO-ABDOMINAL SUPPORTERS.**—The subscriber would inform medical gentlemen that he continues to manufacture his improved "CHAPIN'S Abdominal Supporters," and they can be furnished with this instrument (which has been found so useful in cases of proclivita and prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani, &c.), viz. from \$2.50 to 6.00, according to quality. Perineum straps, necessary in some cases (extra), at 50 cents. to 75 cents. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who have had practical knowledge of its utility:—Drs. John C. Warren, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The Supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally or by letter, (post-paid) to

A. F. BARTLETT,  
No. 221 Washington st., Boston,  
(op. Med. Jour. office.)

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton and James C. Ayer, Lowell; William P. S. Caldwell, New Bedford; Bagg & Co., Cabotville. In Maine, Joshua Durgin & Co., Portland; G. W. Ladd and Aaron Young & Co., Bangor; Eben Fuller, Augusta; Wm. Dyer, Waterville. J. Balch, Jr., Providence, R. I. Andrew Truax, Schenectady, N. Y.

Jan. 1—1am

**CITY OF BOSTON.**—City Physician's Office and Vaccine Institution, No. 21 Court Square.

Hour for Vaccination, from Twelve to One o'clock, daily. HENRY G. CLARK,  
Residence 95 Salem Street. City Physician.  
March 12—eoptf

**SMITH & MELVIN'S LIQUID EXTRACT OF OPIUM.**—Containing all the desirable Alkaloids of Opium, in a natural state of combination, purified and rendered permanent.—The want of a uniform preparation of Opium which should take the place of Laudanum, as usually prepared, has been long felt by physicians and others. Having been daily reminded, in dispensing medicines, of the uncertain strength, as well as objectionable qualities, of several preparations of this important drug, the subscribers were led to substitute for these a refined chemical solution, prepared by them, of all the active medicinal constituents of Opium, rejecting the Narcotic and other deleterious compounds.

This Fluid Extract is a solution of the Salts of Morphine, Codeine, Thebaine, Narceine and Meconine, with Meconic and Malic Acids, in the same proportions as they naturally exist in the best Opium. They are extracted without change of composition, or addition, and rendered permanent in this form. Narcotine, and other exciting and deleterious compounds existing in the Opium, are completely removed. While, therefore, it possesses all the valuable properties of the Salts of Morphine, it has the higher claim of possessing the properties of the unadulterated drug for exhibition in cases not under the control of Morphia Salts.

Its strength is precisely that of the official official Laudanum, and this standard, accurately fixed, will be maintained in all the parcels bearing our signature. The purchasers will therefore obtain the native Morphia Salts at a lower price than that of the artificial, and will enjoy a less repulsive remedy than Laudanum, with entire freedom from the derangement which artificial Morphia Salts often produce. Its anodyne action on the system is the same as that of the English Black Drop, while the debilitating and relaxing effects of that preparation are not produced by its continued use.

SMITH & MELVIN, Apothecaries,  
325 Washington street, Boston.

April 9.  
Certificate from Dr. A. A. Hayes.—"I have been requested by Messrs. Smith & Melvin, to analyze their preparation of the Salts of the Alkaloids in Opium, called Liquid Extract of Opium, and to examine their processes for preparing it.

This new medicinal preparation is the result of a beautiful pharmaceutical method, exhibiting both chemical and professional knowledge, applied with great skill and care. As stated by them, I find the Liquid Extract has been divested of Narcotine, and those substances deemed poisonous—certainly highly repulsive—while the natural Salts existing in Opium are retained in a nearly pure state.

I can most confidently recommend this as the best of the known compounds of the Opium Alkaloids, and the only one in which they are unaltered and rendered permanent.

Respectfully, A. A. HAYES, State Assayer.  
1 Pine Street, Boston, 1st May, 1850."

**LACE STOCKINGS, KNEE CAPS, &c.**, for reducing Varicose and enlarged Veins, Anasarca swellings, &c., in the Legs: Abdominal Supports, Trusses, Shoulder Braces, Elastic Body Belts, Suspensories, Spinal Supports and Leg Instruments, also, Artificial Legs, Hands, Arms, and Premium Spring Crutches, for which the first medal was awarded to J. M. & Co., at the late Fair.—Price from \$7.00 to \$10.00 per pair. Improved double and single Crutches (without springs), from \$3.00 to \$6.00 per pair.

These articles sent to any part of the Union or Canada, on the receipt of proper measurement, and a good fit in every case warranted.

(Established 1849.) JAMES MILLER & CO., (many years with Sheldrake, Bigg & Co., London,) *Surgical and Anatomical Mechanicians, Boston, 2 1-2 Bromfield street, up stairs.*

References.—Drs. J. C. Warren, M. S. Perry, J. Mason Warren, S. D. Townsend, D. H. Storer, and J. V. C. Smith, Editor of the Boston Medical and Surgical Journal. Jan. 8.—e3dwlyr

**PHYSICAL SIGNS IN DISEASES OF THE HEART AND LUNGS.**—Dr. O'BRYEN BELLINGHAM'S two Charts of the Signs furnished by Auscultation and Percussion in the above-named diseases, with Notes by Dr. USHER PARSONS, of Providence, R.I., may be obtained at this office. Price 25 cents each. Mounted and varnished, \$1.00 each.  
Nov 27



# MEDICAL JOURNAL ADVERTISING SHEET.

**ALBANY MEDICAL COLLEGE.**—The next annual Course of Lectures will commence on the first Tuesday in October, and will continue sixteen weeks.

ALDEN MARCH, M.D., Professor of Surgery.  
T. ROMEYN BECK, M.D., Prof. of Materia Medica.  
JAMES MCNAUGHTON, M.D., Prof. of Theory and Practice of Medicine.  
LEWIS C. BECK, M.D., Prof. of Chemistry.  
EBENEZER EMMONS, M.D., Prof. of Obstetrics and Natural History.  
JAMES H. ARMSBY, M.D., Prof. of Anatomy.  
THOMAS HUN, M.D., Prof. of Institutes of Medicine.

AMOS DEAN, Esq., Prof. of Medical Jurisprudence.  
The fees for a full Course of Lectures are \$70. The Matriculation fee is \$5. Graduation fee, \$20.

Those who wish for further information, or for circulars, will address a letter (post-paid) to  
THOMAS HUN, Registrar.

July 30—tL

**PURE COD LIVER OIL**, carefully prepared only from fresh and healthy livers, by Joseph Burnett, Apothecary, No. 33 Tremont Row, Boston.

Dr. J. C. B. Williams, an eminent English physician, after prescribing it in 400 cases of consumption (in 234 of which he preserved full notes), states in the London Journal of Medicine—"As the result of experience, confirmed by a rational consideration of its mode of action, the *pure fresh* oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regimenal, that has yet been employed."

June 18—tf.

**DISEASES OF THE THROAT AND LUNGS, INHALATION**, &c.—The Subscriber continues to treat these diseases by *Inhalation* of the powder of the *Nitrate*, *Lycopodium*, &c., also with the *Laryngeal Shower Syringe* and *Probang*.

*Inhalers*, with the *Powder*, will be sent, by Express or otherwise, as ordered, to any part of the country, to physicians or patients. I have found this powder highly serviceable in ulcerated sore throat, bronchitis, laryngitis and incipient phthisis, and the testimony of several physicians who have tried it in various places has been greatly in favor of its use.

Oct 23—coptf

W. M. CORNELL, M.D.,  
496 Washington st., Boston.

**PALMER'S PATENT LEGS.** *Manufactured at Springfield, Mass., Burt's Block, Main Street, by PALMER & Co.*—Extract of Report of Massachusetts Charitable Mechanic Association, Sept., 1850, Henry J. Bigelow, Prof. of Surgery Massachusetts Medical College, Chairman of Judges on Surgical Instruments, to wit:—"The simplicity of their mechanism, the relative distribution of the various cords, and the *beauty* and *certainly* with which they act, are points of considerable resemblance to the *structure* and *functions* of the healthy limb. This limb has ameliorated the lot of a considerable class of the community, and is far better than previous apparatus of the sort." "The undersigned having witnessed the successful use of the artificial limbs of Messrs. Palmer & Co., very gladly recommend them with confidence to those who have suffered the loss of a lower extremity."

JOHN C. WARREN, S. D. TOWNSEND,  
GEORGE HAYWARD, J. MASON WARREN,  
JACOB BIGELOW, D. HUMPHREYS STORER,  
*Surgeons and Physicians of the Massachusetts General Hospital.*

These limbs have received twenty awards from the most distinguished institutes in this country. A model limb, and those in use, may be seen, and information obtained, by calling on our Agent, Dr. J. Cheever, No. 1 Tremont Temple, Boston.

March 19—6m

PALMER & CO.

**PURE COD LIVER OIL**—Sold by PHILBRICK & TRAFTON, Chemists and Physicians' Druggists, 160 Washington street, Boston. Oct. 16.

**THE PHYSICIAN'S ACCOUNT BOOK**—Copies of this work, which has been favorably noticed by the editor of the *Journal*, are for sale at this office, and at 31 and 32 Cornhill. Each book contains Day-Book, Alphabet and Leger. The Day-Book of the smallest size comprises space for 60,000 charges. Price, smallest size, \$2.50; larger sizes, \$3.75 and \$5.00.

N. B.—This new form of *Physician's Account Book* received a diploma at the late Fair of the Massachusetts Charitable Mechanic Association.

Nov. 20.

**MEDICAL INSTITUTION OF YALE COLLEGE.**—The Course of Lectures commences annually on the last Thursday of September, and continues sixteen weeks.

BENJAMIN SILLIMAN, M.D., LL.D., on Chemistry and Pharmacy.

ELI IVES, M.D., on the Theory and Practice of Physic.

JONATHAN KNIGHT, M.D., on the Principles and Practice of Surgery.

TIMOTHY P. BEERS, M.D., on Obstetrics.

CHARLES HOOKER, M.D., on Anatomy and Physiology.

HENRY BRONSON, M.D., on Materia Medica and Therapeutics.

Lecture fees, \$68.50. Matriculation, \$5. Graduation, \$15. CHARLES HOOKER,

Dean of the Faculty.  
jy 9—tL

New Haven, July, 1851.

**TO MEDICAL STUDENTS AND THE PROFESSION.**—DOCTOR ELLIOTT will deliver a course of Practical Lectures with Clinical demonstrations upon *Ophthalmic Medicine and Surgery*, including the *Anatomy, Physiology and Pathology of the Eye*, in November. In the early part of the course the minute Anatomy of the Eye will be taught by the aid of numerous drawings from nature, prepared for the purpose; by actual dissections of the organ, and by a superior compound Microscope, manufactured for Dr. Elliott, with special reference to this object.

In the Physiological department, Dr. E. will treat not merely upon the functions of the eye and its appendages, as the visual organ, but will explain minutely the office of every membrane, tissue and humor of this complicated structure, together with their relations to each other, and sympathetic connections with other portions of the body, and the whole will be viewed in their bearings upon the science of Optics, including the powers, uses and modifications of glasses.

In the Pathological department, all the varieties of Ophthalmic disease will be exhibited to the class in their different stages, selected from his numerous patients, who will be present for actual inspection while under treatment. Several hundred colored drawings will serve for comparison and illustration.

The Therapeutical and Surgical portion of the course will be eminently practical, consisting of the rules of diagnosis, the manner of writing prescriptions, the method of preparing the chemical and pharmaceutical remedies demanded in Ophthalmic practice, including the alkaloids, requiring analytical accuracy, together with the application of topical agents, the various manipulations, and all the numerous instrumental and operative proceedings in this department, all of which will be performed in the presence of the class.

Dr. Elliott's extensive experience and success in the treatment of the varieties of Amaurosis, and this without the excessive depletory means and mercurial abuses which have long been so generally disastrous to the eyes, not less than to the constitutions of the patients, will enable him to promulgate practical views, which he claims to be original and peculiar, but which, for the public benefit, he desires may become the common property of the profession.

The reciprocal relations and sympathies between the structure of the eye and the vital organs of the entire body, too often overlooked, will be explained and enforced by pathological evidence, thus demonstrating the indispensable necessity of general and constitutional remedies, together with Hygienic and dietetic treatment in all forms of Ophthalmic disease.

Address, if by letter, to

SAMUEL M. ELLIOTT, M.D.,  
488 Broadway, New York.

For full particulars, with testimonials, see the number of this Journal for July 9, 1851.

Jy16—tf.

**CUCUMBER OINTMENT.**—Prepared and sold by PHILBRICK & TRAFTON. Oct. 16.

**GERMAN SALACINE.**—For sale at 160 Washington st., by PHILBRICK & TRAFTON. Oct. 16.

**TOBACCO OINTMENT, COMPOUND.**—Prepared and sold by PHILBRICK & TRAFTON, Chemists, 160 Washington st., Boston. Nov. 31.

**SUPERIOR GUMS, RESINS, &c.**—Socotrine Aloes, Ammoniac, Guaiac, Myrrh, True Burgundy Pitch, sold by PHILBRICK & TRAFTON. Nov. 6.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLV.

WEDNESDAY, AUGUST 27, 1851.

No. 4.

DISLOCATION OF CERVICAL VERTEBRÆ—RUPTURE OF SMALL  
INTESTINE.

BY E. K. SANBORN, M.D., LOWELL, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN the month of June last, a young man by the name of Verner, aged 20, employed in the Middlesex Mills, of this city, had his handkerchief accidentally caught by the machine at which he was at work, and while stooping, and making a violent effort to extricate it, received a severe blow on the back of the neck from some portion of the machine revolving above him. He was instantly prostrated, and conveyed in a helpless condition to his home. Externally, there was no evidence of injury save a slight swelling and discoloration at about the last cervical vertebra. He moved his head freely, was perfectly conscious; but below the point of injury, the loss of sensation and power of motion was complete. Until his death, which took place on the eighth day, there was not much variation from this condition, and he presented the curious, but sad spectacle, of a living, moving and conscious head on an inanimate body.

*Autopsy.*—At the request of Dr. Allen, whose patient the young man was, I made an examination a few hours after death. On exposing the vertebrae from the occiput downwards, a separation, to a slight extent, was evident between the 5th and 6th cervical vertebrae. A more minute examination showed a complete dislocation of the left articular processes—that of the 5th being thrown forward, and in a manner hooked under that of the 6th. The dislocation of the right articular processes was but partial. There was no fracture of any part of either bone. The spinous processes and arches of the cervical vertebrae were then removed. The membranes of the cord were extensively ecchymosed in the neighborhood of the injury, and distended with fluid. A puncture gave issue to a considerable quantity of purulent matter; and in pursuing the dissection, the cord itself was found to be softened and disintegrated through about one half its diameter, and for the space of an inch either side of the disarticulation.

Delpach, Boyer and others, have denied the possibility of a simple dislocation of the vertebrae; and Sir Astley Cooper, with his immense

experience, never met with a case, and therefore was inclined to doubt the possibility of the accident. Several well-authenticated cases, however, have established the fact, that simple dislocation of the *cervical* vertebrae may occur, though as yet I believe there is no instance given of dislocation of the dorsal or lumbar vertebrae, without fracture. I give below all the cases reported, of this kind of accident, that I have been able to find.

James Halford,	42	—5th and 6th cerv. ver.	disloc.	—died same day.
John Taylor,	63	“ “ “ “	“ “	32 h. after.
Geo. Weldon,	37	“ “ “ “	“ “	3 d. “
C. B.,	22	4th 5th	“ “	“
Patrick Russell,	5th	6th	“ “	3 d. “
——— Verner,	20	“ “	“ “	8 d. “

The first two cases are from the St. Bartholomew's Hospital reports. The third is reported by Mr. Stanley, Royal Hospital, Haslan. The fifth is by Lente—New York Hospital. It will be noticed that of six cases, *five* are dislocations of the 5th and 6th vertebrae. This coincidence is not merely accidental, but probably results from the anatomical relations of these two bones. The vertical diameter of the 5th cervical vertebra is nearly the same in every part of the bone; and the plane of its articular surfaces being more nearly horizontal, than that of the other cervical vertebrae, it (the 5th) can be displaced with less disturbance of the adjacent bones, than can any other of the vertebrae.

This case well illustrates the uselessness of attempting to raise the depressed bone, if there be any in cases of this kind, the cord being probably irreparably injured at the time of accident.

The operation of trephining the vertebrae has been performed eight or ten times by Cline, Tyrrell and others, but the invariably fatal result that has attended these cases, and the difficulties of the operation, have lately thrown it into disuse. The profession, however, will be surprised and gratified to learn by what a simple process these difficulties are overcome by a practitioner of this city. His method is to raise the depressed bone, in fractures of the vertebrae and of the skull, by means of a *cupping-glass*. The idea may seem preposterous to some, and in fact within two weeks I lost connection with a case of fracture of dorsal vertebrae, with paralysis, by taking this view of the matter, and declining to introduce the novel operation when it was suggested by him in consultation three days after the accident. Since my discharge (which of course was coincident with the family becoming acquainted with the benefits which would accrue from the proposed operation), the cups have been daily applied, and I am assured that the depressed bone has been restored to *nearly* its proper situation, and is making progress *daily*. Unfortunately the paralysis continues. In this case, as the curvature of the spine, resulting from the fracture, was directed *forward*, it is to be presumed that the cord was subjected to an *anterior* pressure (if any) from the bodies of the vertebrae. So that to relieve the pressure the cups would necessarily be applied to the *abdominal walls* opposite the point of injury. I do not know that the interposition of the abdominal cavity and viscera would materially affect the power of the instru-

ment over the bone in this case, and it certainly does not diminish our astonishment at the efficacy of this kind of elevator.

**RUPTURE OF SMALL INTESTINE FROM A BLOW.**— Elwell, a strong healthy man, employed in the yard of the Massachusetts Cotton Mills, when wheeling cotton from the store-house to the mills in the month of June last, and while receiving a bale into a hand-cart, it fell rather unexpectedly into the cart, causing the cross-bar or handle to strike him across the abdomen, and jam him with some violence against the wall of a building behind. He, however, made no complaint at the time, and wheeled the cart across the yard. Very soon he was seized with excruciating pain in the abdomen, and was conveyed to his boarding-house. All the symptoms of peritonitis soon supervened, and in forty-six hours after the accident, the man died. At the request of Dr. Jewett, the attending physician, I made an examination soon after death.

*Autopsy.*—The abdomen was much distended with fluid, but presented no discoloration of skin or other external evidence of injury. On laying open the abdominal cavity, evidences of the most intense peritoneal inflammation were everywhere apparent. The intestines were stuck together by a pasty effusion of false membrane, and the cavity was filled with effused fluid mingled with fecal matter. In one of the superficial convolutions of the small intestine, lay the open extremities produced by the rupture—the wound extending through the entire calibre of the tube, and about an inch into the mesentery. There was no appearance of ecchymosis in the neighborhood of the wound, the edges of which were as smooth as though cut with a knife. About a foot below the wound the intestine was firmly attached to a process of peritoneum, which proved an old irreducible hernia, and was thus somewhat confined at this point. This may have had some influence in producing the rupture, though it is difficult to conceive how, as the direction of the blow was downward.

#### DYSENTERY OF THE NORTH.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I am induced to offer the following remarks on the dysentery of our climate and its treatment, not because I consider myself competent to instruct the readers of your invaluable Journal, but as the deductions of my experience in the treatment of this malady, and in the hope that abler pens may be induced to enter this field for the benefit of their brethren both in and out of the profession. I shall be happy if in your judgment they merit a place in your pages, and content if you consign them to oblivion.

*Dysentery*, I remark, whether epidemic or sporadic, is essentially an inflammatory disease, though an inflammation of a peculiar kind—a muco-enteritis. *Bleeding* is, I believe, at the present day, acknowledged by most critical observers, to exercise but little beneficial influence over inflamed mucous surfaces. The reason usually assigned for bleeding in inflammation of the mucous membrane of the air-passages, viz., to pre-



vent effusion of lymph and the formation of false membranes, cannot be applied in dysentery, as there is little liability to such a termination. The rapidly exhausting nature of this disease, and the symptoms of prostration and debility often present, contra-indicate the use of the lancet. If, then, *experience* does not justify a resort to this remedy—and I think it does not, to say the least—it should be restricted to cases of unusually high action, and those in which other structures are early involved.

*Cathartics* should be administered with caution, and only when a necessity exists for evacuating offending matters from the *prima via*. No one of common sense would attempt to cure acute gastritis with mustard emetics; and yet the retention of indurated fæces in the intestines may *compel* a resort to cathartics, as an acrid poison in an inflamed stomach compels us to employ violent emetics. If, however, free fæcal evacuations have taken place, no necessity or excuse can exist for the use of medicines of this class. Their administration would be as ridiculous as capsicum or mustard enema.

*Emetics*, at the head of which I would place ipecac., are often useful, by causing the secretion of acrid bile, by promoting action in the liver, and from their diaphoretic and contra-stimulant effects.

*Mercurials* are often useful in hepatic derangement, indicated by want of bile in the stools, tenderness or pain in the right hypochondrium, &c.

*Anodynes* and *astringents* are indispensable in the treatment of dysentery; the former to allay pain, &c., the latter to stop inordinate secretion. A combination of morphia and tannin I have found most satisfactory:—R., S. morph., grs. iiss.; tannin, ʒj.; ipecac., grs. x.; sacch. alb., ʒss. M. F. chart. no. x. One to be given to adults every hour till the pain and evacuations cease; then one every three, four or six hours, for thirty-six or forty-eight hours; when I have usually found it expedient to move the bowels by administering laxatives, as rhei and sup. carb. soda, ol. ric., or emollient enema, after which it may or may not be necessary to return to the powders.

Mucilaginous and anodyne *enema*; as elm tree, or thin starch water two to four ounces, containing from grain ss. to gr. j. sulph. morph., I find very useful in allaying tormina, &c.

The daily use of hot *fomentations* and *sinapisms* on the abdomen should not be omitted till all pain and tenderness are gone; and I have found them the most efficacious means of removing that painful affection of the bladder, with retention or suppression of urine, which attends violent cases of this disease.

The *diet* must be of the most unirritating and blandest kind, and in very small quantity, and increased with the greatest caution during convalescence.

C. B. GALENTINE.

Rush, N. Y., Aug. 12th, 1851.

#### MEDICAL TRAVELS IN EUROPE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Since our interview in London, I have, almost each day, intended to respond to your kind request; but being hurried from place

to place, have had no time to *shape* an article, consequently I send you some crude material, which you will please treat according to circumstances.

The American physician who arrives in London for the purpose of observing what pertains to his profession may be abundantly gratified, and he may be greatly disappointed. I will endeavor to tell him how he may be gratified. First select one of the hospitals, to which he will do well to confine his visits for a limited period. This he should do, expecting to occupy no other place than that of a student, as the visitors have no time to bestow, beyond what is necessary. Don't think of going to Paris. This begets an unaccountably frigid attitude. London wishes to be considered (as it really is in most respects) the capital of the world.

The hospitals of London are well calculated to answer the end for which they were created, viz., to afford a temporary home with medical and other attendants for the sick poor, *and to get a great name* for the favored ones who have charge of them.

One cannot well refer to any point in which the management of one is superior to that of another, so far as the comfort of inmates is concerned. St. Bartholomew's is undoubtedly the most extensive, and can claim the greatest antiquity. It has a reputation given to it by Percival Pott and Sir Astley Cooper. A painting, a scripture piece by Hogarth, adorns one of its halls. Its museum is rich in morbid specimens, extending through a great range of structure and organs. This collection receives the assiduous care of one person. The Hospital is now attended by Wm. Lawrence and Mr. Stanley.

*Guy's* is perhaps next on the list for size and endowment. The principal attraction in the museum of this house is its collection in wax, of healthy and morbid anatomical structures. This collection is the result of the labor of years by Mr. Towne, who has apartments in the Hospital, and has worked exclusively for the accumulation of this collection over fifteen years. He informed me that he had an order from two of the medical colleges of the United States, one of which he will complete within this year. Bransby Cooper is a visitor here; also Mr. Hillton, a gentleman but little known to fame, who (I predict) cannot thus long remain, if a fair position in the field is given him. Nearly all these institutions are amply provided with contiguous grounds in which patients may breathe pure air, although in the heart of London. St. George's is opposite Greene Park, in which its patients are privileged to roam, when sufficiently recovered to do so.

*Dublin.*—How can one sojourn in this beautiful isle without feelings of sadness at the desolation that reigns around? I think it was justly remarked by a son of the Emerald Isle, that England would not permit Ireland to be what nature had intended it. We will have a fair opportunity to judge when the question comes up of allowing aid to a mail service from America to the western coast of Ireland. It is one to which the intelligent Irishman refers with alternate hopes and fears.

Ireland, with all its impediments, is not without respectable literary, scientific and benevolent institutions. Trinity College justly (I suppose)

ranks high among the institutions of Europe. Its buildings are tastefully arranged, and in connection with the Bank of Ireland, which is contiguous, form a most attractive point in Dublin.

The hospitals of Dublin are small, but good, and from the destitution of the country most amply patronized. Perhaps in no city in the world is the lying-in department more perfectly arranged; and the necessity for such institutions cannot be appreciated without a visit to the locality, and observing the peculiar wants of Ireland. The destitution is such, that I am assured very many would suffer greatly for care and food during a brief interruption of their usual employment and wages. The Rotunda was founded during the last century, and has for a long series of years accommodated between two and three thousand annually. Patients are received only when in labor, and discharged in eight days; or at the end of that period, if unable to leave, they are transferred to a ward assigned for that class of patients. Very few are retained beyond that period.

The wards are cleared in the morning and prepared for another set of patients. So numerous are the applicants that a bed is seldom unoccupied for a day. While I was there, seventeen were delivered in the house in 24 hours. Pupils are received by the master, the compensation for which is the only emolument of the place. They alternately have charge of a ward under one of the assistants. A good collection of preparations and models is in the museum, and lectures are given by the master or one of his assistants four times a week. Tuition is about one hundred dollars for six months, including a furnished room in the house. Pupils who reside outside pay but half that sum. Meath is the largest general hospital in Dublin, where Sir Philip Crampton may be seen passing the wards at 11 o'clock, A. M., at this time. The College of Surgeons has a most ample collection—among which that in comparative anatomy is quite extensive. These collections are sent over mostly from the Continent—a fact which they (unlike some others) do not attempt to conceal.

*Edinburgh.*—Our transit from Dublin to this place was by way of Greenock, Glasgow, Loch Lomond and Katrine. Pen or pencil is not equal to the task of faithfully delineating this Scotch scenery. From Balloch, which is the starting point of the steamers up Loch Lomond, there is no point where more than two or three miles of the water's surface can be seen, so abrupt are the hills and frequent the islands. Ben Lomond is on the right, and is seen towering above the surrounding mountains from any point on the lake, with cascades coursing down its sides. Along this lake are some mementoes of Rob Roy McGregor. His rock projects into the lake from the foot of Ben Lomond. A little further on, his cave is pointed out. There is nothing to mark the spot but a stone of sugar-loaf form, with a small oblique fissure under it, which is the mouth of the cave. It is too small to attract the notice of the passing traveller, and yet large enough to contain forty persons.

Our little boat arrived at Inversnaid, the extremity of the lake, at 8 o'clock, when we walked to the inn, which so much resembled some



that are found in New England, that I there lived over in one night some of the years spent in my mountain home. On either side, the roar of cascades coming down from the lochs on the mountain top, tend to lull to sweet repose. The next morning we re-embarked on our little steamer, to retrace our way to Arversnaid, the crossing place from Loch Lomond to Loch Katrine. The fare between the lakes is 2s. sterling, one of which is received by her Majesty's officer, as a tax on that humble employment.

Passing towards this city, we called a few hours at Callender, to see the Falls of Bracklin. Also at Stirling, from the walls of which castle are seen the battle-field of Bannockburn, Wm. Wallace's rock, and the locality of the bridge from which he by a stratagem precipitated a large number of the English army. We here had an opportunity of seeing a regiment of Highland soldiers, in appropriate costume, parading the castle grounds.

This proves an unfavorable season for a visit to Edinburgh, as it is a complete vacation in the University. During most of the year some members of the faculty give private lectures on such subjects as are not embraced in the regular course, connected with their peculiar department. I was gratified with making the acquaintance of Prof. Simpson, an incident which afforded me great pleasure. The Prof. enjoys the most desirable reputation, being greatly respected by all classes. His house is the resort of a large number of patients in his particular department, as well as many junior members of the profession, to whom he devotes much attention. Prof. S. affords an instance of success amidst adverse circumstances, by dint of patient perseverance and industry, and withal is not ashamed of his humble origin. An incident is related of his being in attendance upon a lady in one of the opulent families in Edinburgh, when she remarked that she thought she recognized having seen him before, and asked him if it might be so. He replied, you have, madam; I used to deliver bread at your father's house some years since.

C. B. CHAPMAN.

*Edinburgh, July, 1851.*

## CANCER OF THE STOMACH—HYDRURIA.

[Communicated for the Boston Medical and Surgical Journal.]

I TRANSCRIBE for the Journal, Mr. Editor, another small paper from my note-book. And I wish here to remark to my professional brethren, that I believe the importance of keeping a faithful record of the interesting cases daily occurring in our practice, is not sufficiently appreciated or observed. Our medical works contain a continually increasing and valuable amount of the *general principles* of disease, its pathology and treatment, with many ingenious theories; but we must look to the bed-side, and upon post-mortem examinations with our own eyes, for the *proof* and for *illustrations*. Can there be anything more rational, or a more valuable acquisition to our libraries, than placing one beside the other? The following cases may be somewhat imperfectly recorded, from be-

ing entered amidst the hurry of professional business, but they will be found very convenient for reference in comparing and finding a parallel for new cases; and in doing it, like the old soldier, "we fight our battles o'er again," with much profit and sometimes amusement. Then, again, when our *own case* is recorded, perhaps posterity may prize the legacy we leave them—they will have the *record* of the labor, if not the reward. The case of the late Dr. Twitchell, of Keene, N. H., affords a good example; and the long "files" that I saw in the office of the venerable Dr. North, of Saratoga, the other day, will forever be to him and his friends an argument in favor of my position.

**CASE I.** *Cancer of the Stomach.*—Mr. T. Cole, died September, 1850, æt. 70. Mr. C. had for the last sixteen years been troubled with what his physician termed dyspepsia; but kept about his usual avocation (a farmer) till one year previous to his death. At this time the following train of symptoms commenced. Emaciation, pain and tenderness at the epigastrium, particularly upon the left side; indigestion; pain upon swallowing anything cold or hot; variable appetite, sometimes voracious, seeking ripe fruits, &c.; turns of faintness, and severe paroxysms of "distress," particularly after eating any indigestible substance; would roll upon the bed or floor at such times in the greatest agony. Said he could feel a body "drop" or move in his stomach, when he turned from left to right side; but nothing could be felt externally. He had at first vomitings of a glairy fluid with undigested food, but for the last few weeks they were almost incredibly large, and had a gelatinous consistence, with a dark color like coffee grounds. Skin assumed a yellowish-white appearance, the countenance decidedly cachectic; could digest no food. Died from exhaustion, pain and irritation. The treatment was, of course, simply palliative.

*Autopsy, 10 hours after death.*—Examined stomach and adjacent parts simply. Found extensive adhesions of peritoneal coat, bringing together in one mass a fold of duodenum, portion of colon, spleen, &c. Carefully dissected out a portion of duodenum and took it out with the stomach. Its indurated and thickened condition was clearly perceptible upon the first touch—found a large ulcer, including the pyloric orifice, extending into the duodenum, and occupying at least one fifth of the mucous surface of the stomach. The surface of the ulcer was ragged, with elevated and everted edges, with fungoid excrescences, and had evidently the open mouths of bloodvessels upon it. To the *feel*, the ulcer and the parts around it had the appearance of fibro-cartilage. The remainder of the mucous surface of the stomach seemed to be covered with a brown mucus. No cause could be assigned for the disease.

**CASE II.** *Hydruria* (Willis).—The subject of this disease is Master H. Person, æt. 11 years. His mother says he has not been healthy from infancy—was subject to "sick turns" often, till 6 years old, when this difficulty began—had a general anasarca at one time and the "jaundice" at another. At the decline of the latter, he began to drink an uncommon quantity of water. From that time to the present, six years, he has not increased much in stature or weight, but has been "pretty well." Cannot endure much fatigue; appetite variable; skin usually

dry; "seldom sweats." He attends school, *provided always* that a bucket of water accompanies him! I have tried to ascertain accurately the amount of water he consumes daily; and think it is not less than *forty-eight* pounds, on an average; sometimes less, sometimes more! The quantity of urine is proportionally large, little altered from its original state. "Willis on Urinary Diseases" reports a similar case as occurring at the Hotel Dieu at Paris, in a man of 45, commencing at the same age.

Is the latter case a proper one for medical interference?

*Westport, Essex Co., N. Y., Aug. 20, 1851.*

H. D. RANNEY.

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#### A NEW PRINCIPLE IN ARTIFICIAL LIMBS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I wish, through your valuable Journal, to ask the attention of readers and all others interested, to an improvement I have recently made and patented, in artificial legs.

First, I wish to say, that many years since, I lost one of my limbs, and as soon as the case would admit, I procured as good a substitute as was then made. I tried to walk with it, but as it was wanting (like all others) in the muscle principle, it would frequently give me an opportunity of picking myself up. The knee-joint would fly out at every little mishap; and therefore I laid it aside, as many are obliged to do for the same reason. From that time (twenty-five years) I have not seen a leg that would not do the same trick. It will be well to pause here, to notice my improvement, the great value of which, I think, none will fail to perceive and admire. Having fixed in my own mind the necessity for this invention, I determined to bring about the desired object, and have succeeded to my own satisfaction. I am now demonstrating this principle by wearing a leg that I manufactured, and feel that assurance, when I step upon it, that one feels in the natural limb. This is brought about by a noiseless spring upon the bottom of the foot. By stepping, the weight of the body transmits an action through the ankle to the knee-joint, which is fastened and remains so until the superincumbent weight is taken off or the step is taken, when it is instantly disengaged and swings like the natural leg. Thus all fear of an out-slip is removed. This improvement must be seen, to be clearly understood by those unfortunates to whom this information is submitted.

Respectfully yours, &c. W. C. STONE.

129 Washington st., Boston, Aug. 18, 1851.

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#### REDUCTION OF THE FEMUR WHEN DISLOCATED ON THE DORSUM ILII.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The leading article in No. II. of this volume of your Journal, although ushered in by so many claims to originality as a new method of practice in dislocations of the femur on the dorsum ilii, that is, a re-



placement without mechanical powers, will fall upon a large class of your New England readers as a very old and familiar plan. It seems to be nothing more than a revival of one of those many improvements in surgical practice, which were introduced by that well-known master of his art, Dr. Nathan Smith, and the demonstration of which will probably be re-called by hundreds of his pupils at any of the medical colleges with which he was connected. Although not in surgical practice myself, my recollection of Dr. Smith's theory of his improvement and exhibition of it before his class, was so vivid and clear, that I have hunted over the papers of a third of a century to find some Ms. notes of his lectures, taken in 1817, expecting that some brief allusion to this method, with the discovery of which the surgical Nestor was naturally pleased, might appear. I do not find that clear account of flexing the leg on the thigh, the thigh on the pelvis, and carrying the knee inward over the sound limb, which rests in my memory, as the sketch is very brief. But there is a case given which will probably show what his plan was. The patient was a man. "The head of the bone was felt under the glutei muscles. All the pulling we could do had no effect, nor will it in any case. I *lifted the limb upwards and a little inwards, flexed the knee, and it slipped in.* I think I could reduce this bone [dislocation] with one hand, standing behind the patient, and putting my hand under the ham, an assistant flexing the leg."

Seven years subsequently to this sketch, I attended Dr. S.'s surgical lectures, and recollect his account of repeated success by this simple manipulation.

I am rather surprised that a professor of surgery at Woodstock, in the very midst of what was once the veteran's field of surgical glory, should never have heard of what probably few of Prof. Smith's pupils have forgotten, and of what there must be now extant many a student's note. Probably Dr. Smith's works, edited by his son, may contain more of this one of his vast many original ideas in surgery. SUUM CUIQUE.

#### WHAT SHALL BE DONE WITH THE CRYSTAL PALACE ?

[As all the world are more or less interested in whatever concerns the magnificent structure in which the great exhibition has been held in London, we copy the following remarks upon it from the *Lancet* of July 19.]

What shall be done with the Crystal Palace? is a question now asked in every quarter, and by all ranks of society. The reply, that no Goth, Vandalic or sacrilegious hands, will ever be permitted to pull down so fairy-like and beautiful a structure, is almost unanimous. Such being the state of public feeling, it appears wholly superfluous to adduce any arguments on the subject; the only point now remaining at issue being how to appropriate the building most advantageously? This we propose discussing on the present occasion; and as any inquiry of that kind involves important hygienic principles, interesting to the entire community, their investigation consequently comes within the legitimate province of a medical journal.

Considering the variable character of our climate, especially during winter and spring, and the advantages of possessing a locality of sufficient extent, where all may be able to breathe an atmosphere untainted by smoke, and of equable temperature, whatever may be the prevalent weather, besides having a place in which the eye is gratified by the sight of plants and flowers at all seasons ; whilst the mind may be at the same time improved, by contemplating the products of nature, interesting works of art, and the great results of human ingenuity, the proposition of converting the palace of glass into a perpetual garden and museum, containing the productions of various climes, is decidedly the most feasible ; and if carried out judiciously, would prove highly advantageous. To invalids, and especially to the rising generation, who will soon become the artisans, professional men, and future legislators of England, an establishment of the kind proposed would be truly invaluable, seeing that all might then take exercise and be instructed by surrounding objects, without exposure to the vicissitudes of season, whilst protected from harm—so liable to happen in crowded metropolitan thoroughfares. In addition to these advantages, the contemplation of nature in all its beauty, embellished by art and science, which a properly arranged garden or museum always produces upon the minds of visitors, would likewise have a beneficial influence upon the feelings and intellectual faculties, not only of those who came for study or mental recreation, but also on persons attracted thither for the sole purpose of physical enjoyment. But although it seems by no means desirable to convert the proposed garden into a mere receptacle for invalids, or to make it like a large nursery for the juvenile population of London, no individual will deny, were it even used chiefly for such purposes, that the plan would still constitute a great boon to every member of the Commonwealth. To the former class, such as dyspeptic, hypochondriac, and nervous persons of both sexes, who are often afraid to go out of doors, particularly in doubtful weather, lest they should catch cold or suffer injury to health, a promenade of the kind proposed would often prove highly sanative ; whilst to young people an hour or two spent in bodily movement, when breathing pure air, and admiring surrounding objects, could not be otherwise than invigorating to their physical frames and mental faculties.

It is unnecessary to enter at greater length, either into the general benefits such a winter garden would indubitably produce, or into the details which appear necessary to carry out that project. Nevertheless, advocating the principle of making the establishment self-supporting, the price of admission should be so moderate as to render it accessible to the million, with perhaps one or two days for exclusives ; whereby its usefulness would be much more extended, and the pleasure derived at the same time diffused to the widest possible range. Another suggestion of moment, which has been made by some parties, deserves more than a passing notice, viz., the proposal of admitting equestrians within its precincts. To any proposition of that kind there are most serious objections. Indeed, in our estimation, the garden ought to be exclusively restricted to pedestrians, and those using wheeled chairs, who, being in-

valids, cannot otherwise enjoy locomotion. No animals whatever should be allowed to enter, since they contaminate the atmosphere, and would besides prove a great nuisance to the general company. To change the Glass Palace into an immense riding-school, or make it only another Rotten-row under cover, would be a great annoyance; and to permit parties, whom a facetious alderman calls "fast women in wide-awakes," to canter about, to be ogled at by ancient and juvenile beaux, whether cavaliers or on foot, is wholly inadmissible. Against such a proceeding we enter our protest, and hope it will never be entertained. Equestrians of all degrees at present possess ample space for manœuvring in the Park-rides or Kensington-gardens, where they have already become sufficiently formidable to nursery-maids and old ladies. To these fashionable regions they ought to confine their future feats. The presence of riders in the Crystal Palace would disturb the pedestrians, besides being a desecration.

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#### DANGEROUS HEMORRHAGE ACCOMPANYING THE EXPULSION OF A BUNCH OF HYDATIDS INTERSPERSED WITH MOLES.

BY JOHN BOOKLESS, ESQ., SURGEON, KELSO.

EARLY on the morning of the 23d ultimo, a messenger came for me in great haste to proceed immediately to the country, a distance of seven miles, to see Mrs. A., who, he informed me, was in a dangerous state, and would likely be dead before my arrival. I set off instantly, and when within two hundred yards or so of her residence, I heard her screaming in a most alarming manner. Though several attendants stood around the bed, not one could tell me what was wrong; and as Mrs. A. was very restless and obstinately taciturn, it was some minutes before I could prevail upon her to let me know how she felt, and what occasioned her so much pain. After a considerable effort, in consequence of extreme exhaustion, from the loss of blood, she whispered in my ear that the pain was all in the back, and that for more than a week she had had repeated attacks of uterine hemorrhage. Mrs. A. also said she was dying, and her exsanguined appearance certainly betokened great danger. Pulse very quick and very weak, and at times scarcely perceptible; surface of the body cold; breathing heavily. After running my hand over the abdomen, and feeling some slight enlargement of the uterus, my suspicions were immediately directed to the condition of that organ, and I lost not a moment in making an examination per vaginam, when I discovered a large soft mass protruding through the os uteri, which I succeeded in extracting after a little manipulation, and which turned out to be a considerable cluster of hydatids interspersed with moles. Their removal gave her immediate relief.

As my patient had previously lost a great deal of blood, the bed-clothes being completely saturated, and as it still threatened to come away in gushes, I had towels wrung out of cold water applied over the lower part of the abdomen and upper parts of the thighs, and had them



diligently continued for upwards of two hours. Brandy-toddy was liberally and frequently administered, alternated with doses of a weak infusion of the secale cornutum. Cold water was occasionally dashed over the face, and bottles of hot water constantly kept at the feet. For nearly an hour an occasional gush of blood was discharged, and at times Mrs. A. seemed as if she was about to expire. The gushes, however, became less frequent and smaller in quantity; and as the restorative and precautionary measures were rigorously enforced for some hours, I had the satisfaction, before I felt it safe to leave her, of hearing her say that she felt "very comfortable." Her after-recovery was highly satisfactory.

Mrs. A., aged 49, is the mother of twelve children, and all alive. I have attended her in her six last confinements, all of which were unusually protracted and painful. As the catamenia had left her for some months, she was in the belief that a change was going on, when she was one evening suddenly seized with pain in the back, accompanied with a discharge of a sanguineous nature, which took place ten days or so before her severe illness; she had seen more or less of it every day up to the time I was sent for. In this case there was no abdominal distension, and no mammary enlargement. Though I have been in extensive obstetric practice for the last seventeen years, having attended near two thousand cases, I have only met with three cases of this description. Obstetric authors do not seem to have met with many such cases, if one may judge from the summary and careless way in which they have been noticed.—*Edin. Monthly Jour. of Med. Science.*

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#### A CASE OF SENILE GANGRENE OF THE INFERIOR EXTREMITIES.

BY ROBERT CAMPBELL, M.D., ASSISTANT DEMONSTRATOR IN THE MEDICAL COLLEGE OF GEORGIA.

THE rareness in our region of this disease, will perhaps invest the subjoined case with some interest:—

E. C., aged about 50 years; of spare habit and florid complexion; carriage-maker by trade—was brought from Anderson C. H., S. C., and admitted into the Augusta Hospital on the 11th May last. I saw him at 4, P. M., in consultation with Prof. Jos. A. Eve, the attending physician. Found the whole of the right and the anterior third and heel of the left foot, perfectly black, without sensation or sensibility, with vesications studding their upper surface, and yielding the peculiar "*mortification odor*;" indeed, these parts were in a completely sphacelated condition. He complained, when the extremities were handled, of pain only about the ankle-joints; the legs were œdematous almost to the knee-joints—pitting on pressure. Extremities cold and dry; pulse small, unresisting, and 150 in frequency; tongue coated with thick, yellow fur; appetite deficient; mental faculties somewhat impaired.

All we could gather concerning the history of the case was, that a short time prior to this he had gotten his foot very wet in a rain, having to travel some distance in the railroad car, and not being able to change

his boots, suffered extremely with swelling and a burning sensation in the feet. He had been a man of intemperate habits, and had, at a former time, lost several of the toes of the left foot from a previous attack of mortification.

*Diagnosis.*—Mortification by ossification of the arteries.

*Prognosis.*—Of course, very unfavorable.

*Treatment.*—Amputation presented to our minds the only possible hope of staying the dilapidation so fast ensuing. Hence the immediate removal of the right (the worst) leg was determined upon; and at 6 o'clock, I amputated the leg by the circular operation at about the junction of the upper with the middle third—the patient under chloroform. The arteries opposed a considerable resistance to the knife, the passage of which conveyed an unusual grating sensation, as from collision with petrified rather than ossified vessels. Their ligation was effected with more than usual facility, inasmuch as they protruded beyond the contracted surrounding tissues, instead of retracting within them.

We left the patient comfortable, having lost very little blood, and experienced no pain during the operation; nor would he be convinced of its execution until his attention was directed to the absence of the limb. R. Port wine, f ʒ ij.; quinine, grs. v. To be repeated every six hours. Diet—chicken soup, freely administered.

12th.—Patient under the influence of quinine; complains of some pain in the stump; extremities still cold; pulse rather more resisting, and only 100 in frequency; will take but little nourishment. R. Continue wine every three hours, and quinine three times a-day, in doses as before. Enemata to relieve the bowels; and should pain continue, laudanum 30 gtt., repeated pre-re-nata. Left foot treated with cloths saturated with the chloride of soda.

13th.—Much weaker; extremities of still lower temperature; pulse very feeble and intermittent; delirium complete.

14th.—Died at 7, A. M.

It would have been an interesting investigation to have ascertained to what extent the arterial system had been subjected to this ossific deposition. This I intended to have accomplished, had not my own indisposition at the time prevented. But the perfect character of the ossification at the point examined, the slight effect of the stimulus, and the apparent absence of any recuperative energy in the constitution of the patient, notwithstanding so large a proportion of the contaminating mass had been removed, and without the loss of blood or the shock of pain—are circumstances which seem to indicate the circulatory apparatus to have been much embarrassed in its functions, from the extensive pervasion of the disease.—*Southern Med. and Surg. Journal.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 27, 1851.

*Water in Surgery.*—Dr. Hamilton's Translation from the French, of Amussat's Treatise on the *Employment of Water in Surgery*, makes an

octavo pamphlet of 62 pages, and is a meritorious contribution to the stock of useful surgical knowledge. Dr. Hamilton observes that "we find also an additional reason for its publication in the exigency of the times, when empirics are every where assuming to themselves the honor of having first introduced water as a hygienic and therapeutic agent, and are claiming the right to its exclusive use. We do not expect to arrest the streams which are daily pouring their golden tides into the pockets of these men, but simply to establish to whom the right of discovery actually belongs." This publication presents a synoptical view of the opinions of fathers in modern surgery, respecting the applications of water, cold, hot, tepid, and so on, together with a few illustrations of its value in certain cases. Then there is a reason given for certain views entertained by the author. Chapter III. on the principal modes of application in surgery, is a model sheet of directions. No words are wasted—nothing tedious introduced, and just enough written to be profitable to the reader. Dr. Hamilton has brought this forward very opportunely, and he has the thanks of one personal friend, at least, for his willingness to disseminate a moiety of his own abundant resources, for the guidance of others.

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*Literature of Insanity.*—A quarto sheet, called the Opal, is regularly published at the Utica, N. Y., State Asylum, wholly edited by the patients of the institution. Whoever devised this publication, had a thorough insight into the laws of the human mind. The insane have an excess of mental activity, which, in educated lunatics, may be most happily reduced to the ordinary level of rational thinking, by devising avenues through which the extra accumulations of sensorial power may be drawn off. Writing is one of the natural and economical processes for doing this. The battery in the head discharges itself rapidly through the telegraphic cords out at the ends of the fingers, and we have no question respecting the good effects of allowing the insane to write and publish whatever they elaborate of a suitable character. The articles in the Opal are by no means indicative of unsound minds in their authors. There is not a political newspaper in the United States that does not exhibit as much indication of mental aberration as the modest, yet vigorous little sheet from Utica. We are delighted with this ingenious, simple, yet philosophical device, which time will show to be one of the reliable curative means at the disposal of the institution.

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*Belmont Medical Society.*—For a small, unpretending association, there is not one in the country that accomplishes more for the advancement and respectability of the profession than the Belmont Medical Society, of Ohio. From 1847, to 1851, the transactions, already published, would do honor to a much older and more prominent body. The members are pursuing the true system for the diffusion of knowledge, and for the peace, respectability and permanent influence of their body. A patient, quiet, persevering determination to understand the laws of our being, cannot do otherwise than constantly advance and fit us for a higher sphere of professional usefulness. The researches of this Society, the character of the papers published, and the influence they cannot fail to exercise on other minds, presage the commanding position that awaits those who produce them. In the new series, containing four essays, five cases and two reports, we have been both gratified and instructed.



*University of Pennsylvania.*—From our earliest recollection, the medical department of the University of Pennsylvania has been the most celebrated part of that institution, the academical department being very little known beyond the circle of its immediate friends. The first and oldest medical school in America has much to be proud of in its history; and it is a subject of congratulation that it sustains itself in all its original vigor, though surrounded by numerous competing institutions which have been springing up like hardy saplings in the neighborhood. An annual report is abroad from the faculty, which acknowledges a continued prosperity. A feeling of thankfulness for past favors, stimulates to effort to merit more; and it is not probable that the professors will now relax in their determinations to maintain the undiminished dignity and usefulness of their several chairs. The University was one of the first to adopt the suggestions of the American Medical Association, in regard to an extension of the lecture term; and the practical benefits of the measure are said to be manifest. The average number of students, since 1847-8, has been 478—quite as many as it would be convenient for any one man to address, daily, for the period of twenty-six weeks.

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*Philadelphia College of Medicine.*—By the new circular, it appears that the building in which the lectures of this college are given, is both excellently constructed and centrally located. There were 105 students the last term—of whom 62 have since graduated. By a beneficiary fund recently established, ten students are to be received annually, by paying, in lieu of the usual fees, the sum of \$40 for perpetual admission to the lectures, or \$20 at the time of matriculation, for each of the two courses requisite to entitle them to a degree. Applications are to be made, on this foundation, to the Dean, accompanied with an ingenuous statement of the claims of the candidate, in September, March and February. The sons of physicians, and next, to them, the sons of clergymen, are to have a preference. Anatomical pursuits are advantageously pursued at this institution.

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*Elements of General Pathology.*—A second beautifully-printed edition of that well-received book, “Elements of General and Pathological Anatomy,” by David Cragie, M.D., &c., of Edinburgh, has been recently brought out by Messrs. Lindsay & Blakiston, Philadelphia. It is really an immense book, comprising 1072 octavo pages. It is fair to conclude no topic has escaped an author, who has been indefatigable enough to produce this amount of reading matter. This edition, says the title page, is both enlarged and improved, presenting a view of the present state of knowledge in these branches of science.

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*First Medical Graduates in Michigan—Dr. Pitcher’s Address.*—At Ann Arbor, in April last, Z. Pitcher, M.D., addressed the first persons who were graduated with the medical honors of the State. Their number is not recorded in the printed pamphlet. We have been quite familiar for some years with the reputation of Dr. Pitcher, and this discourse confirms what has heretofore been said of him, viz., that he is an accomplished scholar. It was an event in the youthful history of Michigan, to send forth a new class of men from the University, who, superadded to their

stock of general knowledge, have acquired an acquaintance with the laws of life, and the remedies to be sought when the delicate mechanism of the human body is impaired by disease or accident. These first graduates heard some plain lessons in respect to what will be required of them. Dr. Pitcher shows considerable veneration for the rust of antiquity, although his remarks are encouraging. He is determined medical men shall always be improving. This cannot be without industry, the great elevating power in society. Without it, no plans will be successful, no reputation permanent.

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*Ventilating Sun Shield.*—Mrs. A. C. Willard, of Quincy, Illinois, whose constructive talent is apparent from the manner it has been exercised, has exhibited in Boston, a contrivance, resembling a miniature fall-back calash top; which is to be worn over and around the head by out-door laborers, to keep off the sun. The wearer is protected by it as though he were under an umbrella. Comfortable as it must be, we could not avoid laughing at the oddity of a backside view of a person having on the apparatus. It would be a tolerable protection, too, against a pattering rain. To what extent it may be adopted, should the price be within the means of ordinary laborers, cannot be foreseen. The inventor is sanguine in the opinion that railroad makers, miners, farmers, and in short all persons whose employments expose them unpleasantly to the intensity of the sun, will patronize the new article. In tropical countries they would be the most comfortable thing imaginable; but those who do the open-air drudgery in such places, cannot purchase, often, a contrivance which must cost more than the ordinary hat. Mrs. Willard's ingenuity is manifest, and we hope she will find it has been directed in a way that will amply remunerate her. Our province is to look especially to the comfort of the sick, yet we are not indifferent to the condition of those who "need not a physician."

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*Foster Prizes.*—Three Foster prizes of \$10 each, for the best examinations in the graduating class of Harvard University, at the Massachusetts Medical College, this year, have been awarded to Drs. Freeman J. Bumstead, Charles H. Hildreth and Henry M. Lincoln.

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*"Extraordinary Bleeders."*—We find in Felt's "History of Ipswich," published in 1834, a notice under the above head, of several families, in Hamilton (which was once a part of Ipswich), who are remarkable for bleeding profusely. We extract the following:

"There are four families in this town, called *bleeders*. Three of them are immediately, and the other mediately, related. The number of individuals so denominated, is five. They are thus named from an unusual propensity in their arteries and veins to bleed profusely, even from slight wounds. A cut or other hurt upon them, assumes at first the common appearance, but after a week or fortnight, the injured part begins and continues for several days to send forth almost a steady stream of blood until the redness of this disappears, and it becomes nearly as colorless as water. A portion of the coagulated blood forms a cone, large or small, according to the wound. The bleeding ceases when the cone, which has a minute aperture, and is very fœtid, falls off. The persons thus constituted, dare not submit to the operation of a lancet. They often bleed abundantly at

the nose, and are subject to severe and premature rheumatism. Some of their predecessors have come to their end by wounds which are not considered by any means dangerous for people in general. This hemorrhage first appeared in the Appleton family, who brought it with them from England. None but males are bleeders, whose immediate children are not so, and whose daughters, only, have sons thus disposed. As to the precise portion of those, who may resemble their grandfathers in bleeding of this kind, past observation furnishes no data; it has been found altogether uncertain."

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*Monument to Jenner.*—A circular has been sent to this country, from England, inviting the medical profession, and others, to contribute towards the construction of a bronze monument to the memory of that distinguished benefactor of the human race, Dr. Edward Jenner, to be erected in London. The circular is admirably drawn up, and the appeal certainly powerful; but if the monument could be in one of our own cities, or a duplicate of it, more enthusiasm would be felt about it in the United States. The subject has been brought before the Suffolk District Medical Society, and steps will probably be immediately taken to obtain the aid which is required.

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*Saratoga Springs.*—This celebrated summer resort for health and pleasure has been quite as much visited the present season as ever before. Its visitors are from every part of the country, and the bodily ills of those who seek relief at these fountains are of every species. To many of these, the healing virtues of the waters are applicable, and have proved highly beneficial; while to others, no good has resulted. This is indeed what might rationally be expected; it is what occurs every year, and to any one who spends but a week or two at the place, frequent instances of its occurrence are presented. The truth of the remarks on this subject by Dr. North, in No. 20 of the last volume of this Journal, is made evident to a mere casual observer. While a diathesis which is marked by a languid circulation and exhausted powers, with neuralgic pains, will be beneficially stimulated by the daily use of the hot mineral baths, one with an over-acting pulsation, or a tendency to inflammatory rheumatism, is in no wise benefited. The free drinking of the waters is not attended with the same differences of result; but in this, discrimination is also often needed. Dr. North, though in feeble health, from his medical skill and long residence at Saratoga is eminently qualified to advise in regard to the use of the waters. He has accumulated a valuable collection of well-arranged medical notes and cases, which it is hoped will be put into a shape to make them serviceable to future practitioners at the Springs, as well as to the profession generally. Dr. L. E. Whiting is a younger member of the profession there, but we have heard him very favorably spoken of as an adviser and general practitioner. Dr. Freeman, a veteran in the service at Saratoga, still remains at his post, and also one of the long known firm of Allen & Steele—so that medical advice and aid may be readily obtained by the valetudinarian. There seems to be no fear of a decline in public favor of this well-known resort. The waters can and do accomplish wonders, the place can be comfortably reached in winter as well as in summer, and the new Empire Spring promises to be of itself a powerful and efficient focus of attraction.



*Punishment of Quacks in the days of Edward VI.*—A quack in the days of Edward VI. was punished by being placed on a scaffold, with a paper on his breast, on which his deceitful practices were written; after which he was set on a pillory. He was next put on a horse's back—his face to the horse's tail—the tail placed in his hands—a collar was put about his neck, a whetstone on his breast, and he was led through the streets of London, at the ringing of basins. He was afterwards banished. If the quacks of our day were punished according to their deserts, what a fluttering there would be!

*Medical Miscellany.*—The entire under jaw was recently taken out, at the Emigrant's Hospital, New York—for the first time, it is said, in the United States.—Cholera has broken out fiercely at Louisville, Ky., creating quite a panic.—Dr. Richardson, of New Orleans, is represented to have discovered an economical mode of propelling boats, or rail cars, by atmospheric pressure, entirely doing away with steam power.—A singular disease has broken out at Grand Canary, which the physicians do not understand. The sick are covered with purple spots. Three medical gentlemen have fallen victims to it.—It turns out that Dr. Valentine Mott, Jr., is the man who is to be professor of surgery in Washington Medical College, in Baltimore, and not the father, as some may have supposed.—It is in agitation to establish another medical college in New York.—M. Arago, the great astronomer, who is passing the summer at the mineral springs of Vichy, is nearly blind, and probably will entirely lose his sight. His brother, who is likewise a man of extraordinary abilities, has been blind many years.—Yellow fever has appeared at Surinam, with violence. It also lingers about Jamaica, where the smallpox is quite prevalent.—Mrs. Betsey Overstoke, of Ohio, at the age of 76 years, has given birth to a child! She had not had one for thirty years.—Dr. Evans, U. S. geologist, recently returned from the Yellow Stone river, found, near the body of a petrified tree, the shoulder-blade of a mastodon, measuring nearly  $3\frac{1}{2}$  feet across—also, some enormous foot bones of the same animal. Fossil shells, the head of a snake, and other curiosities, were found by Dr. Evans in the same locality.—During the last forty years, 10,632 persons have died in Boston of consumption. The deaths from Asiatic cholera, in the same time, were only 830.—A census just taken proves the population of Switzerland to be 2,426,000, half a million less than that of the State of New York.—Bowel complaints are extremely prevalent in some sections of the country.—A violent contagious epidemic had broken out at the garrison of Pernambuco, at the last advices.

TO CORRESPONDENTS.—Dr. Hitchcock's paper on strangulated hernia has been received. Several original communications of much length are now on hand, and some delay may be expected in the insertion of some of them.

DIED.—At Cranston, R. I., Dr. Jeremiah W. Olney, 55.—Dr. John Fisher and Dr. J. A. Tour-niquet, of the United States, taken in the recent Lopez invasion, at Havana, and shot.

*Deaths in Boston*—for the week ending Saturday noon, Aug. 23d, 94.—Males, 54—females, 40. Accidental, 3—apoplexy, 1—disease of bowels, 6—disease of brain, 2—consumption, 8—convulsions, 1—cholera infantum, 10—cholera morbus, 2—canker, 1—croup, 1—dysentery, 5—diarrhoea, 3—dropsy of the brain, 6—drowned, 1—erysipelas, 1—fever, 1—typhus fever, 3—typhoid, 5—lung fever, 2—disease of the heart, 1—infantile, 8—intussusception, 1—inflammation of the lungs, 1—disease of the liver, 1—marasmus, 4—old age, 1—palsy, 1—pleurisy, 1—puerperal, 1—smallpox, 2—suffocation, 1—teething, 7—unknown, 1—disease of the womb, 1.

Under 5 years, 53—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 12—over 60 years, 5. Americans, 44; foreigners and children of foreigners, 50.

The above includes 10 deaths at the City Institutions.

**MEDICAL COLLEGE OF OHIO.** *Session of 1831-32.*—The *Thirty-Second* Annual Session of this Institution will open on the 15th of October next, and close on the last of February, under the following arrangements.

H. W. BAXLEY, M.D., Professor of Anatomy.  
JOHN LOCKE, M.D., Prof. of Chemistry and Pharmacy.

L. M. LAWSON, M.D., Prof. of Physiology and Pathology.

T. O. EDWARDS, M.D., Prof. of Materia Medica and Therapeutics, and Medical Jurisprudence.

R. D. MUSSEY, M.D., Prof. of Surgery.

LONDON C. RIVES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOHN BELL, M.D., Prof. of Theory and Practice of Medicine.

JOHN DAVIS, M.D., Demonstrator of Anatomy.

The following branches will be included in the Course:—Anatomy, Chemistry, Pharmacy, Physiology, Pathology, Materia Medica, Therapeutics, Medical Jurisprudence, Medical Botany, Surgery, Obstetrics, Diseases of Females, Diseases of Children, Practical Medicine, and Clinical Medicine and Surgery.

The Dissecting Rooms will be opened for classes on the 1st of October.

Clinical Lectures on Medicine and Surgery will be delivered at the Commercial Hospital three times a week.

The Medical College of Ohio affords the most ample opportunities for the prosecution of Practical Anatomy and Clinical Instructions in Medicine and Surgery.

*Preliminary Lectures.*—A Course of Lectures will be delivered by the Faculty (free of charge), commencing on the 1st of October; also, Clinical Lectures at the Commercial Hospital.

*Fees.*—For a full Course of Lectures, \$105. Matriculation and Library Ticket, \$5. Dissecting Ticket, \$10. Graduation Fee, \$25. Hospital Ticket, \$5.

Board (including the expenses of room, fuel and light) can be obtained at from \$2 to \$3 per week.

A new College Edifice will be erected during the ensuing summer.

Further information may be obtained by addressing the Dean.

L. M. LAWSON, M.D., *Dean of the Faculty*,  
South side of 6th st., between Walnut and Vine.  
*Cincinnati, July, 1831.* j39—to

**UNIVERSITY OF PENNSYLVANIA.** MEDICAL DEPARTMENT. EIGHTY-SIXTH SESSION, 1831-32.—The Lectures will commence on Monday, October the 6th, and terminate about the end of March ensuing.

Theory and Practice of Medicine, by GEORGE B. WOOD, M.D.

Anatomy, WILLIAM E. HORNER, M.D.  
Materia Medica and Pharmacy, JOSEPH CARSON, M.D.

Chemistry, JAMES B. ROGERS, M.D.

Surgery, WILLIAM GIBSON, M.D.

Obstetrics and the Diseases of Women and Children, HUGH L. HODGE, M.D.

Institutes of Medicine, SAMUEL JACKSON, M.D.

Clinical Instruction at the Pennsylvania Hospital, by GEORGE B. WOOD, M.D., and by GEORGE W. NORRIS, M.D.

Demonstrative Instruction in Medicine and in Surgery, by the Professors of the MEDICAL FACULTY, assisted by W. W. GERHARD, M.D., and HENRY H. SMITH, M.D.

Practical Anatomy, by JOHN NEILL, M.D., Demonstrator.

Amount of Fees for Lectures in the University, \$105. Matriculating fee (paid once only), \$5. Hospital fee, \$10. Practical Anatomy, \$10. Graduating fee, \$30.

W. E. HORNER, M.D.,  
*Dean of the Medical Faculty.*  
388 Chestnut st., above Thirteenth, op. U. S. Mint,  
*Philadelphia.* June 15, 1831. Je25-eptN1

**EXTRACT OF HOP AND FLUID EXT. OF PINK AND Senna, Valerian, Alex. Senna, Rhubarb and Buchu.** Manufactured and sold by PHILBRICK & TRAFTON, Physicians' Druggists. Nov. 6.

**ENGLISH HERBS.**—Leaves of Hyosciamus, Belladonna, Conium, Digitalis and Aconite, for sale by PHILBRICK & TRAFTON. Nov. 13.

**PREPARATIONS OF SILVER.**—Nitrate in Crystals, Oxide, Iodide and Chloride, manufactured and for sale at 160 Washington street, Boston, by PHILBRICK & TRAFTON, Chemists. Nov. 13.

**COLLEGE OF PHYSICIANS AND SURGEONS OF THE UNIVERSITY OF THE STATE OF NEW YORK.**—The Forty-fifth Session of the College will be commenced on Monday, 13th October, 1831, and continued till March 11th, 1832 (commencement day).

ALEXANDER H. STEVENS, M.D., LL.D., President of the College and Emeritus Professor of Clinical Surgery.

VALENTINE MOTT, M.D., LL.D., Emeritus Professor of Operative Surgery and Surgical Anatomy.

JOSEPH M. SMITH, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M.D., LL.D., Professor of Botany and Chemistry.

ROBERT WATTS, M.D., Professor of Anatomy.

WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M.D., Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M.D., Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M.D., Lecturer on Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M.D., Demonstrator of Anatomy.

*Fees.*—Matriculation fee, \$5; fees for the full course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the Medical Officers (Prof. Smith being one of them), fee \$8 per annum; at the Bellevue Hospital twice a week, without fee (Profs. Parker and Clark belonging to the Medical Staff); at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The annual commencement is held at the close of the session; there is also a semi-annual Examination on the second Tuesday of September. The prerequisites for Graduation are—21 years of age, three years of study, including two full courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with medical science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 29th September, and continued until the 13th October. This course will be free.

R. WATTS, M.D.,  
*Col. of Phys. & Surgs.* } *Sec'y to the Faculty.*  
67 Crosby St. N. Y. } Jy 16—ewtSI—eowN1.

**UNIVERSITY OF THE STATE OF MISSOURI.**—The Twelfth Session of this University will open on the 16th October next.

*Medical Department.*

JOSEPH N. McDOWELL, M.D., Professor of the Principles and Practice of Surgery, and of Clinical Surgery.

RICHARD F. BARRETT, M.D., Prof. of Physiology and of Materia Medica.

JOHN B. JOHNSON, M.D., Prof. of Clinical Medicine and Pathological Anatomy.

ABNER HOPTON, M.D., Prof. of Chemistry and Medical Jurisprudence.

S. GRATZ MOSES, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

JOSEPH N. McDOWELL, M.D., Prof. of General, Descriptive and Surgical Anatomy.

JOHN S. MOORE, M.D., Prof. of the Principles and Practice of Medicine.

JOHN HODGEN, M.D., Adjunct Prof. of Surgery and Demonstrator of Anatomy.

L. T. PIM, M.D., Adjunct Prof. of Anatomy, and Prosector.

PETER MASON, Curator.

HENRY WILLIAMS, Janitor.

Aggregate cost of Tickets, \$105. Graduation fee, \$20. Matriculation fee, \$5. Good boarding from \$2 to \$3 per week.

For further information address the Dean of the Faculty, or call upon him at his office, No. 44 Fourth street, under the Planter's House.

JOHN S. MOORE, M.D., *Dean.*  
*St. Louis, May 10, 1831* may 21—tL

**PHILBRICK, CARPENTER & CO.,** (late Philbrick & Trafton),  
PHYSICIANS' DRUGGISTS AND CHEMISTS,  
(Members of the Massachusetts Medical Society),  
160 Washington street, Boston.

B. CARPENTER, M.D.,  
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STRANGULATED HERNIA—IMPORTANCE OF OPERATING EARLY—  
WITH CASES.

BY ALFRED HITCHCOCK, M.D., FITCHBURG, MS.

[Communicated for the Boston Medical and Surgical Journal.]

SINCE the publication of the great work of Astley Cooper, it ought to be needless to write or print anything more in favor of *operating early* in cases of strangulated hernia. The discovery and application of anæsthetic agents since then, would also seem to add force and potency, as well as feasibility to the plan and valuable precepts of that distinguished surgeon on this point. Nevertheless, clear and emphatic as those precepts are, every surgeon of considerable observation can bear testimony to the fact that *delay* is generally the sole cause of fatal results in cases of strangulation requiring the operation—and whoever has borne the responsibility of occasionally “cutting for hernia” in a country practice, has quite as often regretted the *lengthened delay* that has preceded his use of the knife. In attempts at taxis, moderate, cautious, but continued pressure should be made on the tumor for at least half an hour—as authors assert that reduction has been effected after a continuous pressure of more than twenty minutes. A fitful, spasmodic or violent pressure is not only useless, but dangerous. The longer the strangulation has existed, the more danger from violent pressure by taxis. Simple intestinal hernia is usually more easily reduced by taxis than omental, or both combined. If the diagnosis is plain that the tumor is *omental*, of course more force and longer time may be employed with safety in manual attempts at reduction. Venesection to faintness becomes a valuable adjuvant, by the general languor it induces, and relaxation of strictured parts, and also by preventing or subduing local inflammation. The small thready pulse accompanying strangulation will become more full by free depletion. The warm bath, the tobacco enema, ice or frigorific mixtures to the tumor, are each to be successively tried, in order, if possible, to avert the alternative of dividing the stricture with the knife. The tobacco is a very potent and not always perfectly safe remedy. Dr. Mussey used to say, in his lectures, that the usual tobacco enema was more hazardous to the patient than the operation of dividing the stricture with the knife. Lobelia has been used as a substitute for tobacco—and in a



few cases where I have observed its effects, the two articles have seemed to be almost identical in their operation when introduced into the rectum. It is quite doubtful whether anything would be gained by substituting lobelia for tobacco. Full doses of opium are often quite valuable in aid of taxis; and in three cases in my practice this has proved successful when all the other usual means had failed. Anæsthesia unquestionably becomes a very valuable adjuvant in the reduction of hernia by taxis, as well as a saving from pain if the operation becomes necessary. The antispasmodic and relaxing influence of full anæsthesia has seemed, in several instances under my observation, to do more good in aid of taxis than all the other means and appliances that usually take precedence of the knife. Other means, however, should rapidly precede it; and then, when anæsthesia is fairly induced, if reduction cannot be effected by taxis, the surgeon should be ready and prompt to complete the work by operation; always remembering that every moment's delay diminishes its safety and success.

Sir Astley Cooper speaks of "irreparable injury often inflicted by the rough gripe of the surgeon, and injudicious handling of the hernia by the succession of violent attempts by taxis." The dread to use the knife, and avoidance of the responsibility of an important operation, often dispossess the timid practitioner of the requisite degree of care and caution in manipulating the delicate and important viscera contained in the hernial protrusion. That distinguished surgeon, Pott, says "that the operation for strangulated hernia is not dangerous in itself"—and this opinion has been well sustained by the experience of all surgeons since his time. I think Samuel Cooper has somewhere stated that the statistics of this operation have shown only one recovery in every three cases. The frequent deaths following this operation, the best authorities assert (and every operator will confirm the statement), is owing generally to the fact of its being performed *too late*—the parts are already gangrenous, or inflammation has extended to the viscera of the abdominal cavity, which a division of the stricture of course fails to arrest. Such unfortunate and fatal delays cannot be too much lamented, and not unfrequently are deserving of reprobation.

In persons of middle life, the necessity for early and immediate operation is much more urgent than with the very young or the aged, for the obvious reason that the relative tonicity of fibre is greater in the former. If the hernia is *small, recent and intestinal*, the danger from delay becomes more imminent. Unfortunately, there is no sure criterion, no invariable succession of symptoms, which will point, like the hands of a dial, to the last possible moment when the patient can escape with life by yielding to the knife; and if such a point of time were cognizable, no surgeon would be morally justified in waiting its arrival. Everything must depend on the knowledge, tact, and self-reliance of the surgeon. There is no period in the symptoms (unless the patient is moribund) which is so late as to forbid the operation—as many patients recover even after gangrene has occurred. A large amount of *moral* power, added to *professional* influence, is often necessary to obtain early the patient's consent to the operation. It is believed that but few patients

of ordinary sense and intelligence would hesitate in submitting to the operation if their case was fairly and precisely stated. The great danger from delay—the facility and rapidity with which the different and successive measures should be practised to accomplish reduction, ought strongly to impress the mind of the surgeon; and especially the unpleasant responsibility that must attach to him, if postponement arises from his vacillation or timidity. It cannot be doubted that cases illustrating the fatal danger of postponing the operation, would oftener be published were they not generally a bad commentary on the diagnosis or energy and self-reliance of the attending surgeon.

From my note-book I copy the following cases illustrating some of the preceding remarks:—

CASE I.—Mrs. J. Lawrence, of Ashby, aged 64—June 22d, 1841, was taken with abdominal pain, vomiting and moderate diarrhoea; in fact, the symptoms closely resembled cholera morbus. After spending two hours with the patient, it was found that the usual treatment for such cases failed to afford relief. On inquiry the patient was found to have no knowledge of hernia or the existence of tumor of any kind. A day passed in unsuccessful attempts to palliate the symptoms, when my suspicions of the existence of strangulation became so strong that a manual examination was made, and a small tumor, the size of a walnut, was found in the left groin, precisely in the position of femoral hernia. The tumor was very hard and slightly tender, which of course was increased by attempts at taxis, having *assumed* that it was hernia. Two physicians were soon with me in consultation, and no trio were ever in more uncertainty in diagnosis, or doubt as to the expediency of operating. Cathartics had passed freely through the bowels—the vomiting had somewhat diminished in frequency, and yet was sufficiently severe, with other symptoms, to proclaim the existence, if not of strangulated, at least incarcerated and inflamed omentum. It was finally concluded that the tumor must be omental and adherent to the sac, and that inflammation had extended from the tumor to the abdominal viscera and produced all the symptoms, and, consequently, that the operation would be useless. Treatment was pursued based on this theory. The symptoms varied but little till July 8th, when the tumor suddenly became of a green color and crepitous under the finger—the pulse sank, and the patient died. The next day we made a post-mortem examination, and held another *consultation* on the tumor; the result of which, revealed a femoral hernia containing a knuckle of the ileum with about two thirds of its diameter embraced in and adherent to the sac, leaving a part of its calibre pervious and admitting the passage of the intestinal contents. Inflammation and fatal gangrene, of course, existed. I can never rid myself of a compunctious impression that this patient might have been saved by an early operation.

CASE II.—Eleazer Rice, of Ashby, æt. 54—May 13, 1844, seized at evening with strangulation of an old femoral hernia. I failed to reduce it by taxis. May 14th, made several unsuccessful attempts during the day, having other professional assistance. On the morning of May 15th, forty hours after strangulation occurred, I operated in the usual

manner, and returned the intestine, but retained the sac, which was already partly gangrenous and in a few days sloughed away. This patient was not healthy—had twelve to twenty ounces of serum in the abdominal cavity, which escaped when the stricture was divided; and yet, after a protracted confinement, he made a good recovery, with a radical cure of the hernia. In this case the operation would unquestionably have been less hazardous had it been performed earlier. Femoral hernia in the male, requiring the operation, is said by authors to be exceedingly rare.

CASE III.—August 25, 1846, I was called by my friend Dr. White, of Westminster, to operate on Mr. D. Lang, æt. 25, for a large inguinal hernia that had been strangulated two days. On opening the sac, the contents were found to consist of intestine and omentum; the former was returned, but the latter was so much discolored and gangrenous it was deemed prudent to remove some twelve or fifteen square inches of it with the knife. The vessels were secured by ligature, and the excised surface of omentum for a while was kept pendant at the internal abdominal ring. Very profuse and troublesome suppuration took place, involving the spermatic cord and scrotum; and yet he perfectly recovered, with a radical cure of his immense hernia. It is reasonable to infer that this man would have recovered, without dangerous sloughing and suppuration, had the operation been performed within twelve hours after strangulation occurred.

CASE IV.—Nov. 23, 1849. Mr. Samuel Brooks, æt. 60, of Townsend—strangulated inguinal hernia; had been attended very judiciously for twenty hours by Dr. Gerry. He had early reduced the tumor, and yet the symptoms of strangulation increased in violence and danger. The apex of a hard, oval-shaped tumor, could be distinctly felt at the upper ring, floating in the abdominal cavity. The case seemed clearly one in which a dangerous strangulation existed within the sac; and accordingly, the patient being etherized, I laid open the inguinal canal, seized and drew down the tumor, and on opening the sac found a knuckle of intestine of a chocolate color firmly strictured at its neck. This being divided, no further symptoms of strangulation occurred; and he quickly recovered, with a radical cure. It cannot be doubted that a few hours' delay in this case would have been fatal.

CASE V.—January 18th, 1849, I was called at midnight (thermometer 20° below zero) to visit James W. Bliss, Esq., æt. 55, of New Ipswich, N. H., a patient of Dr. Cochrane. The operation for femoral hernia was anticipated, it having been strangulated fourteen hours, and the symptoms being unusually rapid and violent. The usual means had been very judiciously adopted to accomplish reduction by taxis, but without success, indicating that the operation would be inevitable. It was agreed that the patient should be kept in a warm bath at the highest temperature endurable, and at same time partial anæsthesia to be induced by chloroform. This state was continued for more than an hour, when, under the cautious and persevering manipulations of my friend, the attending physician, the hernia was unexpectedly reduced, and the patient escaped both the peril of strangulation and the scalpel.



CASE VI.—Sept. 11th, 1850. Mrs. C——, æt. 45, of New Ipswich, N. H., after suffering thirty-six hours with strangulated femoral hernia, was operated upon in a most skilful manner by her attending physician, Dr. Cochrane, in the presence of several medical gentlemen. For two hours an unsuccessful effort was made to induce anæsthesia. This, together with a most unfortunate delay in first calling medical aid, prolonged to a hopeless moment the use of the knife. The strangulated bowel, already in a state of gangrene, sloughed the third day after the operation, and the patient died from irritation and exhaustion, the 28th of Sept. An early operation in this case could scarcely have admitted a doubt of perfect success. Unfortunately in this, as in many other cases in private practice, the surgeon cannot freely exercise his own will, in the decision of his judgment, in reference to the *time* for using the knife.

CASE VII.—The following case occurred in a distant town in New Hampshire, and is kindly furnished by a valued medical friend, a near relative of the patient.

Mrs. C——, æt. 60, in December, 1846, was suddenly seized with violent symptoms of strangulated femoral hernia. After a few hours of preparation and manipulation, the tumor was reduced *en masse*—and for two or three hours succeeding its reduction the patient was quite easy, and vomiting and hiccups ceased; the patient, however, continuing to express the conviction that the strictured bowel was not relieved. The symptoms of strangulation soon returned, accompanied by those of acute peritonitis. These were of the most violent and distressing character, and proved fatal in twelve hours from the last attack. The post-mortem examination revealed a loop of intestine within, and adherent to the neck of the hernial sac. Perforation of the strictured bowel had taken place, and a large quantity of liquid *fæces* had escaped into the abdominal cavity. The usual evidences of rapid and fatal peritonitis were also present. The remembrance of this case can scarcely fail to bring with it a conviction that a seasonable operation, *Deo volente*, might have saved the life of the patient.

CASE VIII.—Mr. Levi Pollard, æt. 74, Ashburnham. Right inguinal hernia—small and reducible—fifteen years' standing—wore a truss.

June 24th, 1851, at 10, A. M., after some extra muscular effort he found the hernia protruded more than usual, attended with very severe pain and vomiting; says he felt more pain than ever before in the tumor, although it had been frequently protruded and required the horizontal posture for its reduction. This time he reduced the tumor himself in his usual manner, but said that the pain and sense of stricture were in no degree relieved by the reduction of the tumor. Vomiting and pain continued, and his family physician, Dr. Cutler, was sent for. The doctor found the hernia entirely reduced; and the eye or finger could discover *no appearance of tumor*. Quite naturally the case was considered as colic, with engorgement of the bowels, and was treated with an emetic of ipecac. and repeated doses of active purgatives and large enemata. There was considerable abdominal distension and tenderness, for the relief of which, extensive vesication had been induced by cantharides. The enemas emptied the lower bowels, but no cathartic opera-

tion from the medicine; nor was there ever a passage from the upper bowels till the occurrence of artificial anus just before the patient's death. The stomach rejected everything the patient swallowed. There was a constant *dull pain* and sense of stricture across the abdomen—at intervals of half an hour to two hours a severe attack of spasmodic pain and violent stricture, succeeded by vomiting of stercoraceous matter. There was great thirst; the pulse ranged from 70 to 90, regular and never hard; the skin about the natural temperature, except during the paroxysms of pain, when the extremities would become slightly livid and the whole surface bedewed with a cold sweat. Mind perfectly clear—and he frequently expressed his conviction that the hernia was the continued cause of all his suffering. The attending physician and friends had several times suggested to him the *possibility* of an operation, even though no tumor could be felt. He absolutely refused any such overture, and adjured one of his sons to defend him from the surgeon's knife. In this state of suffering, literally praying for death, and well nigh dying, he lingered till July 3d, the eleventh day from the occurrence of strangulation. At this time two of his sons arrived from a distance, and one of them (a very intelligent clergyman, whose gentlemanly bearing and judicious management on this trying occasion received much commendation) succeeded in persuading him to allow a full consultation on his case in reference to the expediency of an operation even at so late a day. Through the judicious and kind influence of the clerical son he cheerfully consented to any measures deemed best in the judgment of his medical advisers. Under these circumstances I saw him (July 3d) with his attending physician and two other medical gentlemen, and several medical students. His condition was now as follows:—Pulse 70, regular, soft and very easily compressed. Mind rational, but rather dull, and inclined to doze in the intervals of severe pain and vomiting. No hiccups that morning, although they had occurred more or less every day for a week past. Skin rather cool, and at knees and ankles slightly livid in spots, although this appearance would quickly disappear by friction. Mouth dry, with brown tongue, and moderate thirst for cold drinks. Vomiting, as often as once an hour, of whatever was swallowed, and always succeeded by more or less dark-yellow stercoraceous matter. Urine passed freely, of tolerable good character and quantity. The abdomen, which had been extensively blistered, was moderately distended, and to the eye, or on passing the hand over its surface, exhibited *no appearance of tumor*. I then examined him in different positions, so as to relax the abdominal muscles, and favor the introduction of the finger along the track of the spermatic cord to the upper ring. In this way, after considerable effort and change of the patient's posture a tumor was distinctly felt in the abdominal cavity, with its apex presenting at the upper ring. The tumor was very hard and exquisitely sensitive. Its existence and its diagnosis as strangulated bowel was immediately recognized by all the medical gentlemen present. We lost no time in deciding to give the patient the only possible chance by an operation. The patient being etherized, I commenced by an incision through the integuments five inches in length, directly over the

course of the inguinal canal. On reaching the aponeurosis of the external oblique muscle, and a grooved director passed under, it was laid open from the external to the internal ring. There was now a more distinct feeling of resistance to the tumor. The other coverings of the cord were quickly divided, which brought into view a dark-colored mass at the internal ring, which proved to be the hernial sac, nearly the circumference and twice the length of a hen's egg. By the kind and judicious assistance of Drs. French and Miller, the tumor was drawn down, and after cautiously opening the sac at its upper part a grooved director was inserted, and with a bistoury opened its whole length. Two or three drachms of grumous serum escaped, exposing a loop of intestine about three and a half inches in length. The intestine, for about one third of its length, was firmly attached to the lowest part or bottom of the sac. Lymph was effused in great abundance, forming the bond of adhesion, which, with the intestine itself, was of the darkest mahogany color, and very obviously in a state of incipient, if not actual, gangrene. The attachment was carefully separated with the blade and handle of the scalpel. The stricture, which was very high and in the *neck of the hernial sac*, was divided with a probe-pointed bistoury passed flatwise upon the finger. But very little hemorrhage attended the operation. The intestine was returned into the abdomen, and two sutures secured the lower part of the incision, the upper part being left open, with the diseased intestine presenting at the internal ring. While recovering from anæsthesia, the patient vomited several times and had a return of the hiccups. He took ammonia and subsequently morphine, and an enema of warm water. Two hours after the operation, while vomiting and tossing about the bed, the gangrened intestine suddenly sloughed away, and its contents, including a part of the enema, came gushing out through the artificial anus. The patient died early on the morning of the 4th, twelve hours after the operation.

The most interesting features of this case would seem to be the concealed nature of the hernia and consequent obscurity in the diagnosis; the almost chronic and yet unyielding symptoms of intestinal strangulation; the good character of the pulse, and other general symptoms co-existing with a fatally strictured bowel; and the necessary inference that an *early operation* might have been successful.

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#### NOTES TAKEN FROM HEARING MED. LECTURES IN PHILADELPHIA.

BY JOSEPH COMSTOCK, M.D., LEBANON, CONN.

##### DR. RUSH.

*On Rheumatism.*—When there is immobility and feeble pulse, vol. alkali may be used. Sometimes there is only lameness, without pain. Bleeding is here the remedy. In scorbutic rheumatism, the remedies are bloodletting if the pulse be full, and stimulants if the pulse be typhoid.

*Rheumatalgia* is lameness in all the limbs. It is sometimes an ill-cured rheumatism. Tincture of pokeberries, he has known used with great advantage. Sulphur may be taken every day for months. Lisbon



diet-drink; or, what is better, decoction of the root of sassafras. Externally, volatile liniment, spts. turpentine, tinct. cantharides mixed with sweet oil. Plasters of mustard and vinegar. Tar, wax, and garlick, of each equal parts. Sulphur in a bag worn on the part affected. Quick lime two parts, oatmeal one part. Blisters do no good, but harm, by their evacuations. He does not advise bloodletting in rheumatism. When everything else fails, the patient must live upon milk without bread or any other diet! Acids are to be avoided.

*On Tic Douloureux.*—Dr. R. said, that this sometimes ceases for days, weeks, and even months, and then recurs again. It is excited by moving or speaking. When in the leg, it has been excited by so slight a cause as a piece of paper falling on the part. It sometimes affects gouty habits, and has been relieved by the interposition of gout. He mentioned a physician, whose name I did not retain, who had eight cases of it in a short time, and not another case for 27 years; from which he suspected something in the air. Dr. Rush says, "I have often spoke of those diseases being most violent which affect only one system, which is the case with tic douloureux."

*Cure.*—Here let medicine put on sackcloth! Every thing has failed, even cutting the nerve that goes to the part. Dr. ——— knew it cured by a magnet applied to the seat of pain. Issues are sometimes successful. In one case it ceased whilst the person was playing whist. Formidable diseases are sometimes cured by simple remedies; as children are said to be cured of colic, by rubbing their bellies. Hence, as powerful means have failed, he recommends only such as are mild and gentle.

N. B.—Dr. Rush does not recommend bleeding in this painful affection, which I believe in most or all others he does.

*Cephalic State of Fever. Phrenitis.*—Dr. Portalis, says Dr. Rush, denies that the dura mater is the seat of pain. But Dr. Rush observes, that different parts are affected with different stimuli, and that the dura mater may be pained by distension. Phrenitis may be caused by concussion of the brain, also by blows and contusion. Worms, which produce in those instances no irritation in the stomach or bowels, sometimes produce phrenitis.

*Phrenitis Notha*, is when there is no inflammation, but distension only. Dissections have shown water in the brain, or the parts bony. Sometimes, however, nothing morbid is discovered in the brain; the disease, in that case, transcending inflammation. Persons who talk or walk in their sleep never remember their dreams. Delirium is relieved by the entrance of a friend or physician, phrenitis is not.

*Remedies.*—1st, Bleeding. A case was mentioned in which a man was bled twelve ounces every day for 20 days! The hair should be shaved off. The ankles and wrists should be blistered. Laudanum should be given to moderate the disease, but not to produce sleep. A salivation should always be resorted to in chronic cases. If it arise from evacuations suppressed, they should be restored. If from repelled eruptions, these should be brought back.

*Mania*, is phrenitis without fever. Sometimes it is symptomatic, and affects persons in lieu of intermittent fever, lasting as long as the paroxysm, and ceasing like it with a sweat. The people of the Commune

Vallois had epidemic madness. Persons were mentioned who went mad by seeing the Andromeda of Euripides acted. Dr. Rush, however, thought this only an exciting cause, and that intermittent fever or some other disease laid its foundation.

DR. COXE, Prof. of Chemistry, said that nitrous acid made to act upon oil of amber, and afterwards dissolved, resembles musk, and is used in pertussis.

*Oxy-muriate of potash* sets sugar and gum arabic on fire. The latter burns with a most beautiful flame. Phosphorus was exhibited, burning in oxy-muriatic gas, to prove that oxygen was unnecessary to combustion. It was, however, done in an open vessel.

DR. CHAPMAN, Prof. of Materia Medica, Feb. 1, 1816.

*On Mercury*.—Mr. Abernethy revived mercurial fumigation, which excites salivation sooner than any other method. Mr. Pearson, of the Lock Hospital, disapproves of the practice. An instrument was exhibited for fumigating the fauces with cinnabar. Red oxyde of mercury, in doses of one grain, was used by John Hunter. R. White precipitate, grs. xv.; sal. nitre, ʒ ss.; sulphur, ʒ j.; hog's lard, ʒ ij. This formula has been used in this city for half a century, with great success in the cure of all eruptions. If corrosive sublimate is given internally, commence with 1-8th or 1-6th of a grain, up to 1-4th. The quantity given in a day must not exceed *one grain*. It does not excite salivation in many instances. It is the basis of quack remedies for the cure of syphilis, which they deny to contain any mercury. The article is remarkably easy to disguise. Even when mixed with molasses, it is said by Dr. Kuhn to be impossible to detect by the usual chemical tests!

DR. COXE, Prof. of Chemistry.

*Muriatic Acid* is obtained in the form of gas at first. It has not been proved to contain oxygen. Water impregnated with this gas is the muriatic acid of the shops. After obtaining muriatic acid from sea salt by means of sulphuric acid, the residuum is sulphate of soda. Muriatic acid may be considered as having hydrogen for its basis. Its being so similar to oxygen itself, is the reason it cannot be decomposed. This is Mr. Davy's opinion.

*Oxygenated Muriatic Acid* is totally unfit for respiration, and produced a rapid consumption in a professor who had the temerity to breathe it. In Dr. Coxe, who inhaled it, it produced pneumonic inflammation, closure of the glottis, and an illness with great expectoration. He was obliged to lose thirty ounces of blood. One eighth common salt, three parts manganese, with vitriolic acid poured on, is one method of obtaining this gas. Charcoal, finely powdered, as well as some of the metals, are inflamed by it. The same smell, Dr. C. mentions, arises from bathing in the sea, as from the smell of this gas. And he throws out the conjecture that this may arise from the decomposition of sea-water by the body. Corrosive sublimate is a salt without any water. This was said by the Professor. [But I inquire, from whence, then, has it its transparency?] The base of muriatic acid is unknown, it never having been decomposed. Sodium and oxy-muriatic acid combined, are supposed to form common salt.

## CARCINOMATOUS DISEASE OF THE KNEE-JOINT.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I herewith communicate for the Journal the details of an interesting case of disease of the knee-joint—in amputation for which I was called to assist Drs. Gran and Higginson, of Brattleboro', Vt. The accompanying account was drawn up by Dr. Higginson, after minute investigation of the case, in which we were very materially aided by a valuable microscope belonging to Dr. Gran.

Your obedient servant,

GEO. B. LORING.

*Boston, Aug. 10, 1851.*

Joseph Czrenner, aged 28, a Magyar by birth, held the rank of major in the Hungarian army of insurrection. In January, 1849, while on horseback, he was struck on the inner side of the left knee by a piece of shell which had exploded near him. Though the blow was severe, he was not forced to leave his saddle, nor did he suffer from it for any length of time. While bathing, in July, of the same year, the left foot swelled and became very painful, but both pain and swelling went off in the evening of the same day. He was, however, unwell afterwards, and resorted to the mineral baths of Mehadia, in Hungary, with advantage. In the latter part of August, he, with the corps to which he belonged, retired into Turkey, where he remained fourteen weeks, restrained in his motions by the surveillance of the Turkish government, encamped most of the time on damp ground, or else in prison, with bad and insufficient food. At about the end of November he escaped into Hungary, to Pesth, his native town, but was soon arrested by the Austrian authorities and again imprisoned. Again he escaped, through the connivance of a medical attendant, being provided with a passport made out for another, the personal description in which answered for him. He now made his way through Germany to Hamburg, where he arrived on the 16th of February, 1850. He had no lameness while on this journey. But he fell on the pavement in Hamburg a few days after he arrived, striking the left knee, which had also been struck with violence in the month of January against the edge of a chair. Pain in the knee came on directly, followed by swelling, from neither of which has he been free since. For this trouble he came under medical care, and was attended by three physicians for six weeks without material benefit. He remained in Hamburg till the month of August, when, on the advance of Austrian troops into Germany, it was thought advisable that he, with other Hungarian refugees, should leave the country. He accordingly sailed for New York, where he arrived on the 16th September last, accompanied by his wife, to whom he was married in Hamburg. His disease, mean while, was advancing. While on the voyage he was able to walk, touching the left foot on the deck. But some weeks before arriving he had a fall, striking the left knee again, which swelled more rapidly afterwards, so that on reaching New York he was obliged to use a crutch.

On the 23d January, 1851, he entered the City Hospital, New York, where he came under the care of Dr. Buck. Here, he says, amputation was advised. Some friends, however, urged his trying the water



cure, and he accordingly came to the Brattleboro' water-cure establishment near the first of April. The disease still steadily increased, and his suffering also, so that from early in June he was confined to his bed.

On the 28th of July, he was removed from the water-cure to a neighboring house, where he came under the care of Dr. Gran, late of Germany, at whose request I saw him on the 31st. He had the dark sallow complexion said to belong to his race, with black eyes, hair and beard. He was thin and pale, with an expression of suffering on his face as he lay still; yet when cheerfully spoken to, his countenance was lighted up with an animated smile. The pulse was 84, of some force and volume. He lay upon his back, with the left leg slightly bent at the knee and raised upon a pillow. The swelling began very abruptly at about one fifth of the length of the thigh above the knee. It reached its maximum at a little above the patella, the circumference here being 19 2-3 inches. This size it held down to the insertion of the ligament of the patella into the tibia, whence it tapered off to the ankle. The circumference of the sound knee was 12 1-2 inches. The integuments were tense and red over the whole knee and leg, the blue lines of the veins being strongly marked over the latter. On the inner and anterior part of the knee, just above the line of the patella, was a spot of about two inches in diameter, of a dark livid hue, elevated above the surrounding surface, where, to the touch, there was yielding, as of a soft pulpy substance beneath the skin, without distinct fluctuation, while the rest of the knee's surface was firm, and in some points hard to the touch, as if bone were underneath. In the centre of this soft prominence an incision had been made about ten days before, at the water-cure house. Blood only had escaped, and that in some quantity. Granulations of a not unhealthy look were now apparent at the place of incision. These bled at the slightest touch. The swelling below the knee had come on chiefly within the last month or six weeks; and the livid spot, above described, made its appearance, he says, still later. The pain had become much harder of late, being most acute at a point near the livid elevation, and running thence down the leg to the ankle, where was another point of intense pain at times. The pain, though unequal in severity, had been without intermission, keeping him awake many whole nights while at the water-cure. Since his removal he had taken one third of a grain of sulphate of morphine nightly, and had slept pretty well. His appetite had been slight, his food consisting chiefly of fruit and ices. Within a few days he had taken some broth. He showed courage and a hopeful spirit, with great power of endurance.

The appearance of the parts, with the dark elevation from which, on incision, only blood escaped, while the granulations there still continued to bleed, taken with the history of the disease, suggested the idea of fungus hæmatodes. Without making a decided diagnosis, I agreed with Dr. Gran in thinking that the present condition of the patient, viewed in connection with the past, pointed to amputation as the only means of saving his life.

On Saturday, August 2d, the patient having mean while had two good nights' sleep, the operation was performed by Dr. Gran, in presence of

Dr. Arms, of this place ; Dr. Loring, late of the Chelsea Marine Hospital ; Dr. Bemis, of Dummerston, and myself. Chloroform was administered by Dr. Farwell, dentist, and the patient was soon under its influence. The integuments were divided about two inches above the commencement of the swelling, and the bone at about its middle, an ample covering for its extremity being thus obtained. Five arteries were tied, and the after hemorrhage was slight, though during the cutting it was very large, principally venous. The pulse ceased at the wrist as soon almost as the operation began, and for a few moments the patient looked as if he would not go through it ; but with ammonia to the nostrils, and, as soon as he could swallow, brandy, he revived, vomiting previously very freely.\* In the course of an hour he appeared pretty well. He took brandy and water occasionally through the day, with some broth ; had a good night's sleep, without opiate ; appeared better the next day, and has gone on improving up to this time, no opiate being needed, the bowels being moved daily, and the appetite becoming good. The pulse was 100 the afternoon after the operation ; to-day (4th inst.)

88. He complained of pain in the amputated knee and ankle for two days after the operation ; since then, it has been very slight most of the time. An incision was made into the amputated limb along the fore and inner side of the knee, and through the puncture which had been made in the dark-colored soft elevation, down to the insertion of the ligament of the patella. The muscular substance thus divided had for the most part a color and consistence not unsound. At the edge of the dark spot before described, the knife passed into a mass of the consistence of brain, of a mottled color between that of muscle and adipose matter. The diameter of this mass just below the integuments was a little over two inches, and its limits here were well defined towards the surface by a thin membranous envelope, which, however, soon disappeared as the substance approached the bone, where it occupied a much larger space. The finger, passed through this medullary mass towards the joint, came in contact with carious bone. The whole joint being laid open, was found completely disorganized. The condyles of the femur were gone, with a portion of the shaft of the bone on the inner side, where also, above the limit of the caries, there was a square inch of the periosteum gone. The spongy portion in the centre of the bone was destroyed farther than the outer layers. Two pieces of cartilage, with bony particles attached to their upper surfaces, lay loose below the femur, evidently the remains of the articulating surfaces of the two condyles. Of the patella, the upper third with its synovial cartilage was almost entire, the caries having gone behind this, leaving an edge of cartilage extending lower than the bone, while for the other two thirds only a thin outer shell remained, preserving the shape of the joint. Of the tibia, that part of its head, which corresponds to the outer condyle, was untouched, as was its semilunar cartilage. On the other portion caries had scooped out of the synovial end a hollow, reaching from the front to the back of the bone, an inch or more in width, and of like

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\* The depression was, I think, the effect of the chloroform. About two drachms were used on a thin handkerchief spread over the mouth. There was of course large waste.



depth, leaving only about a line's breadth of synovial surface on the inside of the joint. There was no trace of the semilunar cartilage here. The ligaments had all disappeared, and the region of the joint was filled with the mottled pulpy mass mixed with bony particles. The end of the upper and outer process of the fibula was for a quarter of an inch affected with caries. On cutting away the gastrocnemii and soleus, a large deposit of the diseased product was found between these muscles and the bone, confined in no distinct sac, though its outline was well marked; apparently communicating with the mass in the joint. There was no caries of the bone here, and the muscles retained their natural color and texture.

The disease here presented was medullary sarcoma. While its ravages throughout the joint showed that it had been at work there for a long time, the external manifestation of it, in the dark semi-fluctuating mass pointing above the knee, had occurred, as the patient said, within a month or little over. As to the precise point of its origin, each might conjecture for himself. That it had long been incurable, there could be no doubt. There was of course no resource but in amputation. Whether the constitution be so far affected that the disease will re-appear, time alone can show. The patient's present condition and appearance are as encouraging as possible.\* He says that his constitution was naturally good. Both parents were, at his last accounts, living and in health.

Dr. Gran is inclined to regard the blow from the shell in January, 1849, as the exciting cause of the disease. The patient's long apparent freedom from any local ill consequence makes me doubt it.

At Dr. Gran's request, and in consequence of his inexperience in writing in English, I have drawn up the foregoing account. But for the reason given, a better narrative would have come from him.

*Brattleboro', Vt., Aug. 4th, 1851.*

FRANCIS J. HIGGINSON.

### MEDICINAL INHALATIONS.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—I read, some time ago, an article in the Boston Medical and Surgical Journal, on the inhalation of solid medicines and vapors, in the treatment of lung diseases, by Wm. M. Cornell, M.D., of Boston. The author gives a good history of this practice, and writes a good article. But he speaks of the practice as his own suggestion, or at least as though he was the first to revive it, or bring it, in an improved form, before the profession. As this impression is somewhat general, as far as the practice is known, I write for the purpose of claiming priority of all others, writing upon this subject in detail, and so far as yet appears in print, of using it in practice. Three years ago, I used myself, and prescribed for others, inhalation of several different medicines in the form of dry powder. I have been successful in curing bronchitis and severe

\* The plasters were removed and the wound re-dressed on the 9th inst. It looked very well.



cases of bleeding from the lungs, in this way. In 1849, April 17th, I read a paper on this subject before the Medical Society of Rochester; and in June, 1849, I published an article on the subject in the Buffalo Medical Journal, and in July another. I have been in the habit of using medicines in this way with good results since.

While in Europe, last winter, I learned this practice had not been adopted. M. Piorry, in Paris, pronounced it dangerous, and refused to try it at my suggestion. I have since learned that a London physician has written on the subject, and claims to be the originator of the practice. I may be in error by many years, as to the priority of my article; but if I am, I cheerfully yield the credit to whomsoever it belongs. As yet, however, I shall claim it, until better claims are established.

Deeming it the duty of every one who can contribute a new idea or make available an old one, I have given my views to the profession, to be corrected or adopted as they think proper. I should also be happy to communicate some cases to you for publication in your valuable Journal, if you would honor me with a small space.\* Will you please give this letter an insertion, and oblige  
Yours respectfully,

Rochester, N. Y., Aug. 27th, 1851.

M. M. RODGERS, M.D.

#### MONUMENT TO DR. JENNER.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In your Journal of the 27th a notice is taken of the proposed monument to Dr. Jenner, and a wish is suggested that it might be erected in one of our own cities. Some consideration may perhaps change this wish. There is not, indeed, any objection to a monument in this city, if its inhabitants, or those of the State, would furnish adequate funds. But the same reasons would lead to the erection of a like monument in every city in the United States; and, indeed, in every city in the world. And after all, the purpose would not be answered.

Dr. Jenner conferred a blessing on all countries and on all generations, from the time of his discovery. It seems proper and desirable that the people of all civilized countries should *unite* in the erection of a suitable and permanent monument in honor of him. And in respect to the place for its erection, there cannot be any hesitation. The place should surely be the metropolis of Dr. Jenner's own country. Let us not envy the country of our forefathers for the distinction it acquires in this respect, but bless it for all the good we have derived from it; and in the spirit of gratitude, not of rivalry, let us try to contribute our share for the advancement of the great cause of humanity.

A. B.

Boston, August 28, 1851.

\* Brief reports of the cases referred to by Dr. R. will be acceptable. We are inclined to think that neither of the gentlemen can claim to be an *originator* of the plan of treatment in question. On page 202, Vol. II., of the Boston Medical Intelligencer, 1824, may be found an account of Dr. P. P. Myddleton's mode of practising inhalation. Dr. M. lectured on the subject, that year, in Boston, and on his return to Europe left with Dr. James Jackson an inhaler, with instructions as to the method he had found best for using it. Various powders were recommended.—ED.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 3, 1851.
 

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*Births, Deaths and Marriages in Massachusetts.*—In this Commonwealth, a certain class of statistics are assuming a reliable character. The eighth report to the Legislature, relating to the registry and returns of marriages, births and deaths, from May 1, 1848, to January 1, 1850, is a document of figures, which but very few men have the qualifications to construct, or the patience diligently to read and sift out the errors. Dr. Josiah Curtis, of Boston, under the direction of the Secretary of State, has systematized the town returns on this subject, and out of this mass of materials he has produced a book of 130 octavo pages, that will compare favorably with any similar report in this or other countries. Of the importance of this registration, in after times, when these United States have become old, and land-titles, the inheritance of property, and relationships, may be more essential than at the present moment, as evidence, no doubts can be entertained. It is gratifying, therefore, to perceive that effort is constantly making to improve these reports. Dr. Curtis has introduced new matter. After working through the tables, there is something to read; and it is that which Dr. C. has added, which is entitled to the reader's special thanks.

Twenty months are embraced in the report, during which there were registered in the State, 33,313 births, 10,951 marriages, and 30,595 deaths. Within the five last years, the foreign population of Boston has increased 70.20 per cent., while the native population during the same period has decreased 2.27 per cent. Of the 63,466 foreigners in Boston, 52,923 are from Ireland; 2,666 from Germany, and 7,877 from other countries. We further learn from this publication, that there are in Boston 12,143 children of natives, and 12,132 of foreign parentage. There are 6,644 more females than males in the city.

Within the twenty months, marriages were contracted by persons from 13 years of age to 91. Several females were married at 13. The youngest male was 16. A widow of 18 married a second husband—and one of 59 married a fifth husband. One man of 36, and another of 45, married a fourth time. Calvin Kilborn, of Princeton, 91, married Mrs. Susan Saunders, 70. Among females in Massachusetts, says Dr. Curtis, the chances, at the age of 20, that this interesting event will ever occur, are about 1 to 4; that is—when a female arrives at 20, and is unmarried, one quarter of the probabilities she will be married are gone! If she passes to 25, unmarried, nearly three quarters of her probabilities are lost. If she continue single up to 30, she has passed nine tenths of her chances for ever becoming a wife.

In the last five years and eight months, there were in Massachusetts 14,209 deaths by consumption. Of these, 8453 were females, and 5756 males.

Dr. Curtis next treats of the laws of health, the influence of occupation upon the condition of individuals, and the laws of mortality, which subjects are very ably treated. He does himself much credit in this research, and we are glad that the Secretary has had the magnanimity, in the pre-

face, to apprise the General Court to whom we are all indebted for this able analysis.

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*University of Michigan.*—Such are the energies of the people of the West, that they are not content to copy the institutions of the older sections of the country. In regard to medical instruction, a gentleman may have the benefit of as many courses of lectures as he chooses at the University of Michigan, without money and without price. When another western college promulgated the same generous system, two years since, it was thought that a faculty would not contentedly labor for months in succession without compensation. And besides, the medical departments of other colleges and universities very naturally remonstrated against the adoption of a plan which, it was thought, might seduce away students from all the cardinal points, and consequently do irreparable injury to the able and long-established teachers. Neither the one thing nor the other has taken place. The fact is beginning to be acknowledged that the globe is quite large enough to hold several more schools, without materially crippling or destroying any one already established. Now comes the circular from the new University professors, in Michigan, declaring, in that official notification, that they, too, have no fees. The law provides that the instruction given in this department of the University, as in all others, shall be gratuitous—the professors being paid from the munificent fund provided by the State of Michigan for this purpose. Even a small matriculating ticket does not go into the pockets of the faculty, but must be laid out for the increase of the library, museum, and other means of illustration. The Legislature has sufficiently guarded the honor and reputation of the University, so that second-rate men will rarely get the reins within their grasp. Political favoritism is the only avenue through which an unqualified teacher can seat himself in a chair, but since public sentiment in this blessed country is more potent than military force, there is nothing to apprehend in the long run.

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*Medical Society of Georgia.*—In April the profession of Georgia held their second annual State meeting, which was spirited, and characterized throughout by a high sense of the dignity and importance of their deliberations. Richard D. Arnold, M.D., of Savannah, was elected president. Committees were appointed to report on each of the following subjects, viz., medicine, surgery, obstetrics, hygiene, and indigenous botany. Some stringent rules were proposed to keep the Fellows of the Society from violating their own regulations. After the transaction of some other local business, Dr. Campbell, the President, delivered an address on the "Reciprocal duty of the physician and the public towards each other." It is an able, instructive, and well-timed paper. If it were possible to induce the people generally to read it, many of them would be convinced that they have been grossly ill treating those to whom they are greatly indebted, by encouraging quacks and knaves who assume to be physicians. We are glad to find such writers in our ranks. Notwithstanding the radicalism, empiricism and apostacies of some who might have been corner stones in the edifice, medical science is still well sustained by a body learned and able men.



*Medical School of Nashville, Tenn.*—This is a new enterprise, well organized, the Faculty embracing seven professors, who carry weight of character with them. The first course of lectures will commence on the first Monday of November, under excellent auspices.

“The Trustees of the University gave to the department a spacious building on College Hill, together with ample grounds, for the term of twenty-two years, which they secured by lease. This is the east wing of the medical department—fronting on Market street 76 feet, and towards the city  $45\frac{1}{2}$  feet. It is three stories high, with an attic, affording ample accommodations for dissecting rooms, museum, library, laboratory and professors' rooms. To this a centre building is attached, containing two spacious lecture rooms, 50 feet square, capable each of seating 500 students. The lower room is 19 feet high, and will be occupied by the Professor of Chemistry, and temporarily by the Professors of Theory and Practice and Materia Medica. The upper room is 23 feet high, and octagonal in the arrangement of the seats. In this the Professors of Anatomy, Surgery and Obstetrics will lecture. The students enter the lecture rooms by two flights of stairs in a hall 14 by 20 feet, fronting College street.

“The west wing, to be added hereafter, will contain the general lecture room, a dispensary, clinic, and janitor's apartments. It will front 76 feet on College street and  $45\frac{1}{2}$  towards the city—making the total front towards the city 141 feet.”

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*Selling Medicines without Prescriptions.*—Deplorable accidents are of frequent occurrence all over the United States, growing out of the willingness or custom of apothecaries to sell any medicine that may be called for by persons who are entire strangers to them. The papers relate a case in point. Patrick Fitzsimmons, of Boston, being indisposed, it seems to have been the opinion of the household that an emetic was required. This is the way that a family consultation is sometimes conducted, and, without a knowledge of the disease or the appropriate remedies, something is sent for which must be taken. The physician is not called till the economical family treatment has aggravated all the symptoms, and destroyed the chance for throwing off the malady, as might have been done earlier under judicious advice. A dose of ipecac., in this case, was procured by a woman, but, strange to relate, instead of making Fitzsimmons better, he died. When a physician was called for, in the alarm, he informed the family that it was too late, and nothing could be done to save him. Next, a jury of inquest was summoned, and this is the verdict:—“That Patrick Fitzsimmons came to his death at his residence, from congestion and rupture of the bloodvessels of the lungs, induced from an emetic of ipecac., incautiously administered by the wife, and without consulting a physician.” This was based, it is presumed, on the testimony of Dr. Salter, of Staniford street, a discreet, judicious practitioner. We were much struck with the account of his observations, as reported, that it was the injudicious administration of an emetic without the advice of a physician. We trust that these words will long ring in the ears of apothecaries, till they utterly refuse to put up medicines that are called for and intended to be taken by those who are totally ignorant of their potency. Ten grains of ipecac. is a harmless matter under ordinary circumstances; but there may be a condition of the system that would deter a medical adviser from giving

five. But forty or fifty grains are quite as likely as a less quantity to be dosed out by those who imagine they understand the power of simple medicinal articles. We contend, therefore, that it is better to act on the safe side, for human life is precious. In Boston, the druggists and dispensing apothecaries are in general very excellent, well-informed men, who have a scientific knowledge of their profession. By adopting one new rule, that no medicines shall go out of their establishments to be taken without the advice and cognizance of a physician, they will place the community under further obligations to them.

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*Medical Coroners.*—Over and over again, the propriety of having all coroners medical men, has been urged upon the appointing powers; but the presumption is that they have too much business with the living, to interfere with old established errors that only concern the dead. In England, the functions of a coroner are discharged with ability, by persons of the best medical preparation for understanding both the laws of the land and those governing organized beings. In France, too, and over the continent generally, to put any other than a physician into that office, would be considered absolutely absurd, and an insult to the people. But how is it in our country, the boasted seat of intelligence? Hardly a coroner among us belongs to the medical profession. In the first place, only one, in a town or city, is at all necessary, and he should be centrally located. The city of London has but a single coroner, Mr. Wakley, the surgeon; and Westminster another; and yet they have a population of 2,400,000. In Paris, every dead body found, is removed to the dead house, where the coroner calls an inquest. In Boston, its 130,000 inhabitants have three coroners apportioned to them. A simplification of this unnecessarily complicated system of rival coroners, where only one, a gentleman of scientific attainments, is required, would be not only economical, but satisfactory, as the truth, in regard to the causes of death under circumstances of suspicion, would be more certainly obtained.

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*Medical Chemistry.*—With the return of the lecture season, it should be a subject of earnest solicitude in our medical schools to improve the courses on chemistry. They are essential, yet often the most neglected. The faculties of these institutions seem too generally to undervalue that department. Perhaps this may in some measure be due to the second-rate men who not unfrequently conduct that branch. What has become of all the enthusiasm that used to be felt for medical chemistry? This is not the first occasion that has been sought for rousing the public sentiment in regard to a branch that has been sinking for years, from an elevated position in schools of medicine, till it is almost forgotten. Energetic men should be put into the drowsy chairs, in the hope that we might soon have many to be proud of as chemists, and that there might a revivification and reorganization of the dying out chemical character of the country.

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*Female Medical Colleges.*—Quite a new phase in the history of medicine, is coming over this democratic country. Females are ambitious to dabble in medicine, as in other matters, with a view to reorganizing society. If they would manage the institutions which are ostensibly their

own, no one ought to object ; but, while these pass off under their name, a few of the other sex regulate all the business, pocket all the money, and laugh at their own success. In the mean time, the vanity of the poor dupes is gratified by being told that they are doing a great work, that it is a heavenly calling to be a doctress, and that a revolution will speedily change the social aspect of society, and place them where by nature, grace, and a diploma, they were designed to figure, with a healing balm for every wound.

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*Sarti's Wax Preparations.*—It will be seen, in our advertising columns, that Signor Sarti's celebrated collection of wax figures, which was noticed in this Journal for July 17, 1850, is to be sold in New York, at auction. The following notice, from the New York Medical Gazette, expresses an opinion respecting the collection which we most cheerfully endorse.

"The lamented death of Signor Sarti has brought his celebrated collection of wax preparations into the market ; and that school which shall be fortunate enough to possess itself of these treasures, would become an object of envy and attraction, for nothing approaching to them in accuracy and perfection has ever before reached this country. For teaching Anatomy, Physiology, and Pathology, they would be invaluable. They are worthy of the great Florentine school, at which they were prepared from nature in the highest style of art."

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*Self-acting Blow-pipe.*—Mr. James Lewis, 15 Howard street, Boston, an ingenious mechanical dentist, has invented a self-acting blow-pipe that cannot fail of being taken in hand by the chemists and jewellers, even should it not receive the sanction of his own profession. The flame is intensely hot, is carried to a needle-point, or spread into a fan of fire, as may be required, by turning a thumb-screw.

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*The Census of 1851.*—The total population of England, Wales, and Scotland, including the Channel Islands, amounted, on the 31st of March, 1851, to 20,919,531 persons ; of whom 10,184,687 were male, and 10,734,844 were female. The population of London amounted to 2,363,141 persons ; of whom 1,104,356 were males, and 1,258,785 were females. The most remarkable fact in the return is the great proportionate increase in the number of females. In 1841, there were 493,303 more females than males in Great Britain. In 1851, the excess is 550,157. In 1841, the excess of females in London was 124,367. In 1851, it is 154,429.—*London Med. Gaz.*

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*Privileges of Veterinary Surgeons.*—Lord Beaumont has laid on the table of the House of Lords a bill, which has just been printed, to exempt veterinary surgeons, and professors and teachers of veterinary colleges and schools, from serving on juries and in other offices. It seems that, under the letters patent granted to the college, veterinary surgeons are compelled to serve on juries, and to discharge county and parochial duties ; and it is declared that such service is "highly detrimental to the interests of their profession, and very injurious to the proprietors of horses, cattle, and other domesticated animals." Therefore it is proposed that they, the professors



of the veterinary art, should be exempted from all such duties by the passing of the present measure.—*Ib.*

*Nantucket Knockings.*—It has been urged that the new insane hospital for Massachusetts should be located on the island of Nantucket, because its inhabitants seem to be turning lunatics *en masse*. The spiritual knockings have greatly disturbed their usual equanimity. It is an eighth wonder that discreet, close thinking and brave people, who can control the whales in the South Pacific, should be thus duped, or even permit a senseless woman to practise her impositions on the island. A blowing up of the excellent and staunch steamboat that plies between there and New Bedford, was predicted by a spiritual knocker a short time since, and many simpletons dare not now take passage in her. Dr. C. F. Winslow, of that place, has given the deluded dunces a very tolerable drubbing in the *Inquirer* newspaper. He attempts to reason with them, but we fear to no purpose. The delusion is strong; and there are leading ones among them who perform the witchcraft, and make the spirits move according to the cash received.

*Accoucheur's Chair.*—The following is an extract of a letter from Dr. W. S. Todd, of Angelica, N. Y. It relates to an invention by Dr. N. W. Smith, of North Amherst, Mass., which was more particularly described in the number of this Journal for Oct. 17th, 1849. The letter is dated Angelica, June 25th, 1851.

"DEAR SIR,—I take much pleasure in briefly stating to you my exalted opinion of the merits of the Ladies' Solace, or Obstetrical Chair, which you have invented and offered to the public. I find, Sir, that it is just the thing in all cases of natural, and what may be deemed comfortable, confinement; but still more appropriate in unnatural and protracted deliveries. Its principle, I perceive, is such, that the patient may have any inclination of body or limb, from a horizontal to a perpendicular; and what I deem the most beautiful of all, is the ease and simplicity with which the chair can be operated, and all done while the patient remains quiet upon it. Then, again, its running upon castors, and the facility of folding and packing, render it easy to be carried from place to place. There are many other conveniences about it, of which I have not time to speak.

Respectfully yours, W. S. TODD."

*Medical Miscellany.*—Dr. M. J. Bailey has been re-instated in the office of Drug Inspector for the port of New York.—The late violent tornado in the immediate vicinity of this city, was one of the most remarkable phenomena of the kind on record, and among its disastrous effects were a number of interesting cases in surgery.

TO CORRESPONDENTS.—A paper by Dr. Parsons, read before the Rhode Island Med. Society, has been received.

*Deaths in Boston*—for the week ending Saturday noon, Aug. 30th, 89.—Males, 39—females, 50. Accidental, 1—disease of bowels, 14—disease of brain, 1—consumption, 12—convulsions, 2—cholera infantum, 2—canker, 2—dysentery, 13—dyspepsia, 1—diarrhœa, 4—dropsy of brain, 3—erysipelas, 1—typhoid fever, 2—lung fever, 2—hooping cough, 2—disease of the heart, 2—infantile, 11—marasmus, 1—measles, 1—old age, 2—quinsy, 1—puerperal, 1—teething, 5—tumor, 1—unknown, 2.

Under 5 years, 52—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 6. Americans, 36; foreigners and children of foreigners, 53.

The above includes 6 deaths at the City Institutions.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL

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## THE LATE CHARLES KNOWLTON, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DR. KNOWLTON died in the town of Winchendon on the night of Wednesday, Feb. 20th, 1850. He had for some weeks previous been complaining of dyspeptical symptoms, but was, for the most part, able to attend to his customary business, and did not suspect that he was afflicted with any serious disease. Feeling, however, that the state of his health demanded some respite from the fatigues and cares of his profession, he left Ashfield on the morning of the day before his death, and went to Templeton, where he spent the night, and part of Wednesday, February 20th, with his father and brother. On the afternoon of the last-mentioned day, he went to Winchendon, walking the distance of a mile on his way. On reaching the house of Mrs. Simonds, his wife's sister, he only complained of fatigue, and pronounced his health better than it had been. He sat up, conversing cheerfully, till 10 o'clock in the evening, when he retired to bed. About midnight Mrs. Simonds, hearing a noise in his room, hastened to it, and found him partly rolled over on his face, and *dead*. He undoubtedly died of *angina pectoris*. For years he had been troubled with such disturbances of the heart as often to oblige him to get out of his carriage and lay by the roadside till he was somewhat recovered of them. For several of the last years of his life he had had no recurrence of these attacks, and both he and his friends flattered themselves that they had been only functional instead of organic affections of the heart. These hopes were fallacious. The disease, formerly so much feared, had only paused to make its next assault a fatal one, and Dr. Knowlton was cut off with that suddenness which attends cardiac complaints. He was cut off in the full prime of professional activity, years and usefulness. Born on the 10th of May, 1800, he had not completed his fiftieth year at the time of his death. Few men in the County of Franklin have ever died more generally lamented. He was known throughout the county, and had visited patients in every town in it, and had also extensively practised in the neighboring counties. His professional talents were deservedly held in very high esteem, and his skill in medicine was so evident, from the good effects which followed his prescriptions, that his life was one of

incessant labor in order to attend the calls which were made for his services. It is no flattery to say, that among the first physicians of Western Massachusetts, very few indeed, if any, surpassed him in medical skill, acumen or knowledge. In his profession he was most thoroughly versed, and notwithstanding his extensive ride, he was a close and ardent student. His desire for medical improvement was great, and after a long day's work, many is the time that his office lamp has burned when the other inhabitants of the village were asleep, and he was investigating some intricate case, and searching to find means to baffle and subdue some formidable disease. In examining a patient he was careful, scrutinizing and thorough. He was none of those physicians who hastily and heedlessly prescribe. Hence he was uncommonly accurate in diagnosis, or distinguishing one disease from another. He never dealt out a medicine without having in his own mind a clear conception of the reason which induced the prescription, and the effect which he expected from it. These habits of close thinking and accurate observation, combined with his complete (so far as it can be complete) knowledge of the resources of medicine, made him wonderfully successful as a practitioner. In spite of his known and avowed infidelity on the subject of religion, these qualities secured him a run of business which no physician in Franklin County, probably, ever exceeded.

As a man, he was "odd" in his manners, but under his blunt exterior he carried a kind heart. As a citizen, he was upright, patriotic and just. In business transactions, no one exceeded him in strict honesty and the most undeviating rectitude. His adherence to truth was rigid and inflexible. Thus much we deem it just to say of his merits. The theme might be further pursued; but we desist, lest it might be taken for fulsome eulogy. We shall not seek

"To draw his frailties from their dread abode."

To say he had them, is but to say that he was human, and that he shared in the attendants of imperfect humanity; but as a citizen, the faults of few men were more venial, perhaps, than his own. As to his religious sentiments, we pass them in silence. They were not in accordance with those of the community, but the unpopularity which attends their avowal is no small proof that they were honestly entertained, and he had that moral courage which prevented him from ever shrinking from the expression of whatever sentiment he believed (mistaken though it might be) to be true. Yet he was not fond of disputation, and never himself introduced the subject of religion as a topic of colloquial discourse. He was tolerant in regard to the opinions of others, and always advocated full mental liberty for all. However much his theological views may be condemned, we cannot refuse him the credit due to his manly virtues and stern integrity. Such as he was, he has passed away. It is not for us to sit in judgment upon him. His good qualities were many; and let us hold them up in remembrance, and avoid whatever we may deem his errors.

He left behind him a *Case Book*, in which there is an unfinished autobiography of himself, bringing his life down to the age of thirty years. A portion of this document, with some erasures and omissions,



I herewith send you, thinking it will be interesting to your readers to note the perseverance which an humble individual displayed in obtaining his profession and in placing himself at the head of it. I send the document exactly as he wrote it himself, excepting the omissions to which I have alluded, without attempting to alter its occasional odd phraseology or quaint expressions. The remaining portion will soon be sent, after which I may briefly continue the doctor's history to the time of his death. The first part of the following is the Preface to his Case Book, and is dated Nov. 26, 1840.

STEPHEN J. W. TABOR.

*Shelburne Falls, Mass., 7 August, 1851.*

I caused this book to be made for me two years ago. I designed it exclusively for my own private use. No one else has any business with it. I may record many things in it which I would never have known to the world; and if it should ever fall into the hands of any persons, I trust they will do by me as they would be done by.

I have had this book on hand thus long without making any use of it, because I could not determine how to arrange my cases. I have finally concluded to allow one page for each case, as I enter them, and if I find this insufficient, to continue each case to a subsequent page, and continue to do so until the whole history of the case is completed. And if any one case does not require the whole, or the chief part, of one page, then another case may be entered on the same page. At the end of the book I intend to have an index, arranged in alphabetical order. It will contain the names of the patients, and perhaps the names of their diseases also. At any rate, I shall aim to make the book useful to myself, whether it be calculated to please or to be useful to any one else or not. Consequently I shall not aim at elegance of style, to do which would render it a task rather than a pleasure to record my cases, and thus I might be deterred from recording them at all. I wish to keep a record of my cases for my own advantage, and not for publication or the improvement of others. I think this course will serve to make me attentive to my professional business, and thus, perhaps, in time, enable me to save some valuable lives, and prevent much misery, which I otherwise should not.

I shall commence with my own case. And my life having been thus far rather singular, I wish to leave some brief record of it—for we all have a notion or desire to be thought of after we are dead; therefore the history of my own case will be somewhat biographical. This (my own) case I do not design entirely for my own use, but after I cease to be conscious, which I am liable to do any day, my *friend* will be at liberty to do what he pleases with it. I shall continue a sketch of *my own case* up to the present time, and then leave space for further history, under the idea that I may yet live forty years and do many notable things.

In all cases where I think the patient can have any objection to his or her name being recorded at full length in this book, I shall use only their initials; and perhaps some cases will be so related as not to be understood by any one except myself.

Although I have been in the practice of medicine nearly sixteen years, I have never yet kept a history of cases, and I may briefly relate some from memory, the names of which I have entirely forgotten.

I have said that I design this book for my own private use ; and that no one else has any business with it. I mean, *so long as I live*. After I am dead, whoever gets possession of it will do what he pleases with it, and I cannot help myself. My writing this preface—to say nothing of my own biography—is evidence that I expect somebody will possess and peruse this book after my nervous system has become so impaired or exhausted, that it entirely ceases to think or feel.

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I have been informed, but whether correctly or not I can never *know*—however confidently I may *believe*—that I, Charles Knowlton, was born in Templeton, Worcester Co., Mass., on the 10th of May, 1800. My father, whose name is Stephen Knowlton, and son of the late Capt. Ezekiel Knowlton, of Templeton—an officer in the revolutionary war—is still living in Templeton ; but my mother, who was Comfort White, of Gerry (now Phillipston, in said Worcester Co.), before marriage, died in January or February, 1833. I have two brothers ; Emory the oldest, and Augustus the youngest, of the family. I fear they are both whigs, and voted the Harrison ticket. I never had any sisters. My father was a farmer in moderate circumstances, and used to make many good pine shingles, and so did I. Probably I shaved more than one hundred thousand before I was 17 years of age. But how much influence this has had on my course of life, thus far, it is impossible to calculate ; but certain it is, that I often worked very hard for one of my strength, and took many swigs of New England rum, for such was the fashion in those days, and especially in Templeton. Most of my school-mates—males, I mean—are now either dead or inebriates. I used to go to school just two months in the summer, and two in the winter, but was a backward scholar until 15 or 16 years of age, when I began to make some proficiency in English grammar and arithmetic ; but I am not half taught in common spelling-book lessons up to this day. I never read or studied geography the value of three days in my life ; never read history to the amount of a good-sized octavo volume, nor half so much in works of fiction as in those of history.

I was a tall, spiddle-shanked boy. My height is about one inch short of six feet, and I never weighed but about 135 pounds. I do not recollect as I ever performed any smart or roguish tricks while in my teens, though I used to play a very good game at checkers, and was accounted odd.

When about 17 years of age I began to be troubled with gonorrhœa dormientium, which alarmed me exceedingly. I have since met with several such cases in practice, and some of the patients have been truly miserable ; but I do not think I ever met with one so mentally wretched as I was. I think that onanism has much to do in causing this disease, but I believe some morbid state of the digestive organs is generally an exciting cause ; and I shall probably give several cases in the course of this book tending to confirm this opinion. I will only

remark, that while the remedies usually prescribed in our medical books, under the idea of *debility*, generally fail of performing a cure, I have cured several cases, and one of them a *female*, with small doses of calomel or blue pill. In my own case I had the advice, and took of the prescriptions, of ten different physicians, but I have no recollection that either of them supposed me to be laboring under a deranged state of the digestive organs, and especially as a *cause* of the complaint. My wan countenance, debility, nervousness, gloom and despondency, were all regarded as being caused solely by the disease, or by the grief to which it gave rise. Under this impression my physicians prescribed bark, wine, tincture of cantharides, various preparations of iron, balsams, opium, nitrate of silver in pills, alum, various vegetable astringents, blisters, in short almost all sorts of things that are calculated either to derange the digestive organs or to irritate the genital; and I now say, *as might be expected*, without producing any permanent benefit. I had several ill turns. At one time I was feverish, apparently caused by the cutting of a *wise* tooth. I now took some Epsom salts, and probably some other cooling medicine, and my health was better for an unusual length of time afterwards—probably until I was well enough to take *strengthening* medicines again, for I took some kind of medicine daily for three years!

Notwithstanding my ill health, I continued to labor until the fall of 1818. I then attended the New Salem Academy half a term, or six weeks. I then kept school and took medicine four months in the town of Alstead, N. H., and in the spring returned to the Academy, where I remained another six weeks, and this, with the two months in the summer until I was 14 or 15 years old, and the two months in the winter until 17, is all the *schooling* I ever had. I however had a little assistance in studying Latin, from Dr. Charles Adams, of Keene, N. H., for a few weeks, while under his care as a patient in the summer of 1819. In the winter of 1819–20 I again kept school—perhaps I may say *taught* school—and took medicine, in Gardner and in Templeton. In the spring, summer, fall and winter of 1820–21 I did nothing but take medicine, mope about, mourning over my sad condition, and now and then laboring to work out some hard question in algebra or common arithmetic. I was not subject to any distinct bodily pain; but the heart-sunken despondency—the mental wretchedness I endured during this and the two previous years, I shall never be able to describe. I put down the “strengthening” medicines, and daily, nay, hourly, anxiously watched my countenance. I had found that my disease was worse after having exercised the previous day, because, as I supposed, I “went beyond my strength,” not then knowing that exercise promotes all the secretions. So I was very careful not to over-exercise. But with all my care I still used, as I supposed, to do so; and at length, to aid me in being cautious, I printed with a pen upon a piece of paper, in large capitals, the words “take care,” and fastened it upon the cuff of my coat-sleeve. This excited some attention. Many asked me the object of it; and I used to wish that people would mind their own business. At length I carried my system of taking care to such a degree, that I stuck closely to my warm room nearly all the time, night and day; and this,



surely, did not tend to give my countenance a more healthy appearance. I became more and more wan every day ; but I attributed it all to the disease. I knew no better. My physicians told me no better. I supposed the longer my disease continued, the more difficult it would be to cure. My physicians favored this idea. I had now been out of health more than three years, and had taken medicines more than two. Still, so far from being better, I was gradually becoming worse. I regarded my case as deplorable. I could see no reasonable prospect of my getting well. Still I had a sort of presentiment, all the time, that I should get well, and yet make my way in the world, but I had no sort of conception how this would be.

Such was my condition in the winter of 1820-21. A full description of my feelings I have not attempted to give. I was at home, in my father's house. My parents, with my two brothers and myself, composed the family. There was little to divert my attention. There I sat, and there I lay, brooding over my sad case, day after day.

One evening in January a gentleman by the name of Richard Stuart came to our house, and into the room where I was. He was rather an ingenious mechanic—a sort of Jack-at-all-trades, and in several respects somewhat singular. He used to live in that neighborhood, but moved away when I was only 10 or 12 years old. But I had always remembered him, and had always had a curiosity to seem him again ; for when I used to go by his shop, he would get me in, pinch my fingers moderately with his nippers, and then laugh at my fright. Mr. Stuart also had a little black-eyed daughter, who used to go to the same school with me, and who I well remembered. These are the circumstances, so far as I know, that had given me a singular curiosity to see Richard Stuart again. He had lived in several distant places since he left Templeton, but was then living in Winchendon, about seven miles from my father's. He came into our neighborhood to do some mechanical job. He had obtained some knowledge of medical electricity, had a very high opinion of it in some cases, and had made him a very good electrical machine. So, having heard of my case which none of the physicians had been able to cure, he called to see me, and to propose a trial of electricity. A few days afterwards, despairing of all other means, I was wrapped up in buffaloes, conveyed to his house, and there left. Mr. Stuart felt, I thought, rather pleased, if not proud, in having me for a patient. I had become somewhat noted, not only for being sick, but for my mathematical talents. At any rate, Mr. Stuart pried into the nature of my case, and took much pains to divert my mind and cheer me up. He was a musician, and played on the violin and divers other instruments. He had no sons, but six daughters, all at home, and all singers, dancers, and adepts in the amusements and pleasures of accomplished and well-educated young women. Many people were about there ; and we had checquer-playing, backgammon, chess, music and dancing, more or less, almost every day and evening. There was the company of the girls, also, and then that electricizing business, it was to me a great and strange novelty. It put the “vital fluid” into me, as I was made to believe. Finally, the change in my circumstances was so great and

sudden, that when I retired to my bed, the first night, it did seem to me that I was in quite another world. I began to think of other things besides myself, and to have new hope. I brought with me pills, powders and drops, but I soon neglected to take them, and to my surprise and joy found that I felt just as well without them—that I was just as strong as when I took “strengthening” medicines.

I remained some time with Mr. Stuart, my health gradually improving, and I becoming more acquainted with his family. His eldest daughter, whose name was, or *is*, Tabitha—the little black-eyed school-mate before mentioned—was then about six weeks better than 17 years of age. And, to cut short a story which might be made very long, and perhaps interesting to some, we were married on the 17th of April, 1821, twenty-three days before I was 21 years of age. I went directly ahead, without consulting any one. In the spring and summer of that year I resided with my wife, some of the time at her father’s and the remainder with my own, performing but very little labor, but gradually recovering my health and strength.

In October I commenced the study of medicine with Dr. Charles Wilder, of Templeton, who resided nearly four miles from my father’s, where my wife remained. I used to walk home Saturday evenings, and back to the doctor’s on Monday mornings, and did the doctor’s chores to pay for my board, while he trusted me for the fifty cents per week tuition. I commenced with the study of anatomy, as most medical students do. I soon had such a desire to *see* the various organs which I read so much about, that I ventured out all alone, one night in January, without saying a word to any one, and took up a subject. As I was about shouldering it, to convey it out of the yard to the sleigh—for I had ventured to take the doctor’s horse and sleigh without bells, and scud off without consulting him—wind or gas was forced upward out of the stomach with a somewhat frightful noise; but I commanded the said subject to be still, and trudged on, nothing daunted. In the morning I told the doctor that if he would walk in, I would “show him the bison.” On beholding the bare subject so unexpectedly, he was far more surprised, not to say frightened, than I had expected. He was all in a flutter—said the Old Harry was in me; that within a day or two there would be another burial in the same yard from which I had taken the subject; that they would pass right by the grave, and that the old sexton would certainly observe that the grave had been disturbed. So he teamed off to the old sexton, put a terrible oath upon him to keep a great secret, and told him what I had done. The sexton then almost regretted that he had pledged himself so strongly. He thought it was a terrible affair. But to appease him, the doctor told him that I was a poor sick boy—did not know what I was about, and that he would cause me to go and re-bury the subject in the same place that very night; and the old coot evidently believed him, for he afterwards told the doctor that I had done the business so nicely, that on his examining the grave, he could not discover but that it appeared in all respects precisely as he left it.

The doctor’s fears of discovery caused me a good deal of unnecessary

trouble with this subject; for, according to his advice, I put it into a sleigh, late in the evening, carried it off ten miles, and buried it in a hay mow; and two or three weeks afterwards, finding there was no noise or stir about it, I went in the evening, cut a hole through the ice of a pond, and there put in the subject to thaw over night. The next day I got it into an old building, skinned it, and extracted what few teeth there were remaining in its head, that it might not be identified by any one. Having done this, I conveyed the subject back to the doctor's, and there, all alone, in the same room where I slept, I deliberately dissected the subject to my heart's content. I kept my door locked, and if any one approached it I was whist, and, of course, Knowlton wasn't in.

In the summer of 1822, instead of regularly pursuing my studies, I procured a little pine timber of my father—of which he kept a regular account, as well as of my board, and that of my wife—borrowed a few tools, and, for the first time in my life, went to making buckets. Having made a one-horse load, I carried them to Boston; and that was the first time I was ever in any city. I reached Boston in the afternoon of a Saturday—a storm having delayed me one day. I was anxious to sell my buckets and get out of the city that night, to save expense. I called at the first store I saw, where it appeared to me they might want buckets, and found, to my sorrow, that buckets were not then selling so high in Boston as my neighbors had all along sold theirs. The man made me an offer—so much in money, and the remainder in loaf sugar at 15 cts. per pound; and this he assured me was a very low price for the sugar. I told the man I was disappointed in finding the price of buckets so low—that I wanted all my buckets were worth—and that perhaps I had better try further. But he assured me that the market was glutted with buckets, that no one would make me a better offer, that the sugar was even better for me than money, as it was a cash article, and as I had no load back I could carry it just about as well as not, and clear the freight. Not supposing the man would tell me a falsehood, I accepted his offer. But when I got back to Templeton the merchants told me they could buy even better sugar than mine in Boston for 14 cts. a pound, and my neighboring coopers were astonished that I should sell such a good lot of buckets at such a low price. But Dr. Wilder, good man, was willing to take several loaves of my sugar at a shilling per pound—the store price—towards my tuition.

It was now about time to start for Hanover, N. H., to attend the medical lectures. I had but little money. I had heard that they would there give fifty dollars for a subject. Another young man in Templeton, also low in funds, by the name of Partridge, was desirous to attend the same course of lectures. The distance was about eighty miles. We were determined to carry on a subject. Partridge agreed to furnish a wagon, and I prevailed on my father to purchase a little old bit of a horse. We waited till after the lectures had commenced before any chance of procuring a subject presented. At length we got to one, but the weather had been warm when it was buried, and it was too *slippery* for our purpose. We concluded, however, that the bones would be worth something, and being loth to lose all our labor, we conveyed it that night



four miles, and left it in a woods. He went his way, and I went mine. The next day, at the appointed hour, we there met, buried all the soft parts, and I brought off the bones. We were still on the look-out for another subject, and within two or three days we heard of a burial in a town ten miles more distant from Hanover than Templeton. We could not learn what yard the person was buried in; but in the evening we started off by guess, with our horse and wagon. After examining about the yard for some time by star-light—one of us, however, being on the look-out as sentinel, for the yard lay by the side of a road of much travel—we found what we believed to be a recent grave, and so it proved to be. When we were all loaded snug in our wagon, and on our way back to Templeton, we felt grandly. We made no long stop at Templeton, but loading in our trunks, we proceeded that night seven miles further, to Father Stuart's, in Winchendon. There we slept a little, took some breakfast, and proceeded on our way to Hanover. But the weather was warm; our load, we thought, looked suspicious; our horse was slow and insufficient for the task, and we did not feel over happy. However, we walked up all the hills, and pushed along as fast as we could. As we approached the village in Keene, many people were stirring, and several overtook us, some on horse-back, and some in carriages. At length Partridge says to me, "we are discovered." I then found that he was more apprehensive of trouble than myself, for I had no difficulty in accounting for all the movements without supposing we were "discovered" or even suspected. We drove that poor horse until nine o'clock at night, for the sake of putting up with a farmer who had moved from Templeton, where our load would not be so much observed as in a village or at a tavern, and also where we could stay cheap; for we were under the necessity of saving every possible cent; and perhaps no two medical students in New England ever pinched themselves to the degree that Partridge and I did, that course of lectures. In the evening of the next day we reached Hanover. Our subject had become quite offensive, and, what was still worse, the professor of anatomy told us he did not want any subject at that time; that he should not commence dissections for several weeks, when the weather would be cooler. However, out of regard for our good will to serve him, and considering what a task we had had, he would allow us \$20 for it, if we would put it into a cask, and fill the cask all tight and full with the powder of recently burnt charcoal. So we bought a lot of coal of a blacksmith, blew the fire through it, that it might be recently burnt, got it out upon some flat stones or plank, and at it we went, pounding charcoal; and when we had completed the job, we looked more like negroes than like medical students. I cannot say we spoilt our fine clothes, for we did not wear fine cloth.

I however, at that time, unlike all the other students, wore long whiskers under my chin, while those on the sides of my face, and especially one side, were rather short. My features were thin; my countenance—as in a measure to this day—bore the impress of grief, which it acquired during my sickness, and still retained a shade of sickly paleness; I was not inclined to "scrape acquaintances," or enter much into conversation with any one; and the whole school, so far as I know, regarded me as a

fool. Some of the students even made sport of me. Among other tricks, they would draw profiles even more unseemly than my own, and put them into my hat.

It was the custom of the school to have what was called a "quiz," every Saturday afternoon. Nearly all the scholars would be present, but the professor used to put questions only to those who took the front seat; and it was very rarely if ever the case, that any student took the front seat on these occasions unless he had attended a previous course of lectures. But I wished to be questioned. So I went along down to the front seat. This move excited much observation, and there was much whispering, laughing and staring among the students, as if they supposed I was indeed a fool, and knew no better than to take the front seat. Even upon the face of the grave Professor Oliver, there was evidence of an attempt to suppress a smile, as my turn to be questioned arrived; and there was great stillness throughout the hall. "Mr. Knowlton," said he, "will you describe the structure and functions of the liver?" This happened to be a fortunate request, for I had a pretty full and distinct view of the subject, and found no particular difficulty in expressing my ideas. I was no longer a subject of ridicule after this. Within a few days, when I got ready, I took off my whiskers, and was as good a fellow as any of them during the remainder of the term—at least, in proportion to the money I had to spend; but I could take no part in any of their expensive revels. There was an extensive brick building in the village of Hanover, called the Tontein. It was certainly three, and I believe four stories in height. It contained many rooms for the accommodation of the college and medical students. Partridge, myself, and one Sanbourn from a town in New Hampshire, took one of these rooms, in the upper story, and there boarded ourselves. Sanbourn, I believe, brought his bed with him. Partridge and myself hired one. We did our utmost to live cheap. We lived almost entirely on beef, brown bread, and potatoes. We used to buy cheap pieces of beef of a butcher near by, some of which we fried, but more frequently made soups. We did not buy our bread ready baked and brought to us; but bought grain, carried it to mill, hired a neighboring woman to do our baking, and took the bread at her house. Milk we could not afford. Cheese none, and but very little butter. No tea, coffee, cakes or pies; in short, *nothing* but what I have mentioned, and a few raw apples, but not a quarter so many of these as we should have been glad to have eaten. At length, Sanbourn gave out. He could not or would not live on such scanty fare. But Partridge and myself persevered to the end of the term. But it was too bad. Partridge had an iron constitution and did not suffer essentially in his health, but my digestive organs became very much disordered, I had an insatiable appetite for sour apples, much headache, and at length diabetes *insipidus* (I presume) to a very considerable extent. Nor was this all. For the first time in my life, so far as I know, I had a touch of scrofula. An absorbent gland about one inch above, and a little anterior, to the inner condyle of the right humerus; another immediately over the insertion of the tendons of the *pectoralis major* in the left humerus, put on all the characters of scrofulous



enlargement, and in time they became soft, were opened, and discharged the peculiar matter of scrofula. They did not heal until the next May, and I still retain the scars, or cicatrices. After the diabetes had continued five or six weeks, without abating, but rather increasing—though I took some medicine prescribed by professor Oliver—it was suddenly cured, entirely cured, and in a manner worth relating. It was the custom with the professors, towards the close of the term, to give the students a “treat.” It consisted of cold meats, bread, biscuit, butter, cheese, fruits, cider, wines, and the various kinds of distilled spirits in common use. And in those days, and on such an occasion, it was no disparagement to any student to get, at least, pretty well stimulated. I had a craving appetite for every eatable and drinkable before me, and did not hesitate to indulge it. I fairly glutted myself; and although I was fully able to go to my room without any assistance, yet I was never more drunk in my life. I believe I threw up, before morning. At any rate, I had no appetite for food, and took only one raw egg for breakfast. But I have not been at all subject to an inordinate flow of urine from that day to this.—I meant to have added, before now, that Partridge and myself found that it cost us each about thirty cents per week for provisions. I did not derive more than half the benefit from this course of lectures that I should have done, had I been decently supplied with money and had hired comfortable boarding.

After returning from the lectures, I went to Royalston, about eight or nine miles from my father's, to continue my studies with Dr. Stephen Bacheller, my wife remaining sometimes at her father's, but mostly at mine. I there kept a horse; and the first case I had an opportunity to visit alone, was a case of croup, in a family five miles distant from the doctor's, where they had recently lost a child of the same disease, which was attended by a physician from Fitzwilliam, N. H. I had never seen a case of croup, but found no difficulty in forming a diagnosis. I put the child into a warm bath, bled it, and gave tartarized antimony freely. Thus I relieved the child before I left the house, arrested the disease, and with a little more attention for a few days, the child got well. This I *now* believe, as *then*, was a case of inflammatory croup.

In the summer of 1823, Dr. Bacheller had four other students besides myself. And some time in August we were strongly suspected of having taken up a subject in that town; and in truth, one was taken up and dissected by somebody. But it is not worth while to give all the many particulars of this affair. Suffice to say, that I was put under bonds to attend court at Worcester, the ensuing October or November, while all the other students either run off, or were let off. Every student now left the town of Royalston, and I went into the office of Dr. Amos Twitchell, of Keene, with whom I remained until the commencement of the medical lectures at Hanover, in the fall of 1823. While with Twitchell, I saw him perform several important operations, one of which was to amputate a thigh, which I then said, and still think, ought not to have been amputated, at least not until a trial had been made to save the leg. It was a compound fracture of the tibia and fibula, caused by the falling of a tree. The fracture was near the middle of the leg, no im-



portant bloodvessels injured, and no excessive laceration of any other soft parts. Not even an attempt to replace the bones was made.

From Twitchell's I went to Hanover on foot, to attend my second course of lectures. There was a regular line of stages from Keene to Hanover, but I could not afford to ride. Near the middle of this course of lectures I was obliged to leave and go to Worcester, 110 miles, to attend court, not knowing whether I should be permitted to return. This journey, so far as Templeton, I performed on foot. My trial did not come on during that term. So I returned to Hanover and remained until the close of the lectures, at which time I passed an examination for the degree of M.D. with such success that Professor Mussey privately expressed great satisfaction, saying, among other things, "You have done our Institution great honor."

[To be continued.]

## ACUTE INFLAMMATION, INVOLVING THE PSOAS MAGNUS MUSCLE.

BY C. W. PARSONS, M. D.

[Read before the Rhode Island Medical Society, August 20th, 1851.]

SOME time ago, the following case came under my notice, in the practice of another physician.

A boy, aged 12, of healthy family and in good circumstances, had become lame about two weeks before. He had before that time been quite well, free from any lameness, and in the habit of jumping and running actively. His lameness was ascribed by his friends to a supposed strain. He had, at first, pain in the right groin, and was unable to straighten that leg. This was rather better after a day or two, and he went to school two days, still limping. He had, when I saw him, pain in the right groin, not increased by pressure, and pain in the lumbar region, to the right side of the vertebræ, not so severe as that in the groin. The vertebræ showed no sign of disease. The peculiar symptom which attracted any attention was the position of the right leg. The right knee was bent; the thigh bent up and inward, and rotated on its axis, in such a way as to make the front of the patella look nearly outward. He walked with pain; bending his body over forward and to the right side, whenever he put his right foot down. He could not himself bring this foot into its proper position, and when I tried to do so with my hand, I gave him considerable pain. There was no change in the length of the limb; no pain down towards the knee.

Some points about this case resembled coxalgia so much, that we at first expected to be obliged to direct the painful and tedious treatment which appears to be most useful in that disease, with a prospect of having to apply issues, &c. But the peculiar position of the limb—exactly that position which would be produced by contraction of the *psaos magnus*; and the gait, very different from the dragging or tripping limp of commencing hip disease—suggested to my mind that the *psaos* muscle or its investing fascia was the part particularly affected. This view was confirmed by the pain existing at the origin as well as termination of this muscle, the absence of characteristic symptoms of hip disease, and the

freedom from any scrofulous taint, or circumstances likely to produce it. The onset was more rapid than that of coxalgia, and gave the attack the character of an acute inflammation.

The following treatment was directed. Venesection; leeches to painful point in the loins; fomentations with hops in front of abdomen; Dover's powders enough to keep up perspiration; rest in bed; low diet. The bleeding was repeated two or three times; as the journey which he took to procure advice caused an increase in the symptoms, so that he was confined to bed a few days. After a few days, daily extension of the limb was practised; and he gained daily in the degree of extension. I did not see him a second time, and can only add that he was sick several days, but recovered without any abscess, or any permanent lameness whatever. The bleeding reduced his strength a good deal at the time, but speedily relieved the pain, and was thought by his attending physicians to have a very good effect in controlling the disease.

The course of this attack confirms, I think, the view we took of it, that it was an inflammation involving the psoas magnus, or its cellular sheath. This affection is not noticed in our surgical text-books. I have not seen any account of it in the English language, except in Copland's great Dictionary. Indeed, inflammations of any muscles of animal life are hardly alluded to, except as a form of rheumatism. Waiving the question whether muscular tissue itself becomes inflamed, or only the cellular substance which envelops every mass and fibre of muscle—it may be useful to give a short summary of the few recorded cases of inflammation of the psoas.

The pain has usually begun in the lumbar region, and extended towards the groin; and has been increased by motions of the thigh, so as to render it very difficult to walk. But the hip is not rigid, and the thigh can be moved by another person taking hold of it, though not without causing much pain. The gait is of the peculiar kind mentioned above—the body inclined forward, with a limp in that leg. In severe cases, the patient cannot walk at all. When he lies down, the limb is drawn up, and the thigh somewhat rotated so as to turn the foot outward. Pain sometimes runs down towards the knee. The inguinal glands are often enlarged. The bladder and other neighboring viscera are occasionally inflamed. The symptoms have sometimes run on, increasing in severity, till fever became high, and an abscess formed, pointing generally in the groin, less often in the loins—that is, at *one* of the two regions where this great muscle comes near the walls of the abdomen. In two fatal cases, the abscess burst into the bowel.

A large proportion of those which were marked by the characteristic symptom, viz., *retraction* with some *rotation* of the limb—and which were deemed important enough to record, have been fatal. But death was in many cases caused by the inflammation either beginning in other organs, or extending to them. I have seen no account of any instance, where this symptom was observed, in which suppuration was prevented, unless the case I related in commencing be one. This great fatality is only apparent; as probably only the severer cases are on record.

On dissection, the seat of these fatal affections has been shown even

more clearly than by the symptoms. The psoas magnus has been sometimes softened, of a dark livid color, and infiltrated with dark blood—or even reduced to a few shreds, surrounded by a fetid, half-liquid mass, compared in appearance to a softened spleen. Once, the muscle was found completely melted down; while its cellular sheath was entirely uninjured, and the vertebræ were sound. This fact was observed by an eminent anatomist, Bécларd, and would seem to show that the muscular fibre itself may be the seat of inflammation and suppuration. The pus has sometimes run into the hip-joint, at that point where the psoas and iliacus pass over this articulation. It may also run down the thigh.

It may be important to distinguish these cases, in order to determine the treatment. The special sign which should remind us of this disease, is marked flexion of the thigh and leg, in the direction of the action of the psoas. Add to this, the great difficulty of rotating the thigh, the great pain caused by attempting this, the existence of some rotation of the foot outward, and the extension of pain up to the lumbar region.

Abscesses and inflammations of cellular tissue, in the iliac fossa or posterior walls of the abdomen, may cause this characteristic retraction of one limb. We have suggested that there has been a doubt whether all muscular inflammations are not really seated in the cellular tissue. The degree in which this muscle is involved will be clearly enough discovered for all practical purposes, by a careful examination.\*

Inflammation of the psoas may be confounded with psoas abscess from diseased vertebræ. Among the marks of distinction would be the rapid onset; absence of deformity, of tenderness, or other signs of disease in the spinal column, and the peculiar difficulty of extending or rolling the limb. The presence or absence of circumstances indicating a predisposition to disease of the bones, as of scrofulous constitution, may assist us.

A commencing inflammation of this muscle might be taken for one of the kidney, especially as it is apt to be accompanied by cloudiness of the urine, or even by inflammation of the bladder, causing pus or blood to appear in the urine. The impediment to moving the thigh will help to distinguish it.†

This affection may be confounded with hip-disease, and no doubt is so sometimes. In both, pain may run down towards the knee; in both, the limb may be drawn up, and give pain when moved in any direction. Our diagnosis may be helped by noticing pain in the lumbar region, rotation of the limb outward, the absence of any change in the length of the limb, the sudden attack, and the absence of scrofula. It

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\* Perhaps our notice has not been sufficiently called to this participation of the muscles in phlegmonous affections. Several such attacks have seemed to me to be caused by occupations which required a particular muscle to be overworked, so that the disease would appear to have originated in the muscular fibre itself. For instance, I would refer to an abscess in the left gluteus maximus, in a man who, as he informed me, had to kneel on his right knee at his work, and push himself along towards the right side with his extended left leg (in some operations in a factory). This abscess was not traced to any single violence done to the part; it was three or four months in coming to its height; there were no signs of disease of any bone; it got well after being opened behind the great trochanter, and discharging about a pint of pus, which was mostly healthy, but contained some curdy flakes.

† A good case for comparison may be found in London Lancet, June, 1843.



will be remembered that, in the case observed by myself, this error might easily have been made, without careful examination, and that the treatment depended very much on an *accurate diagnosis*.

[Consult Dict. de Medecine, vol. xxvi., Art. *Psoïte*.]

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#### ARTIFICIAL JOINT.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I beg leave to submit to your notice the following case of surgery, which, if you should deem it worthy of publication, I should be glad to have inserted in the pages of your Journal.

Louis Longway, aged 30, apparently of good constitution, and in perfect health, applied to me in consequence of an artificial joint of the left forearm, situated about equi-distant from the wrist and elbow. His arm was fractured about eighteen months before he saw me, by being drawn into machinery. According to the patient's account, at the time of the accident great laceration of the soft parts took place, and, although treated with the utmost care and attention, an artificial joint was formed in both bones. When the patient presented himself to me the arm was worse than useless. Several efforts had been made by friction, and long-continued splinting and bandaging, to bring about a union, but without success. Upon examination, I determined to attempt a cure by cutting down upon the bones and sawing off their extremities. This was done by making two separate longitudinal incisions; one over the radius, the other over the ulna; and then raising the extremities of the bones, and sawing them off with Hey's saw. They were then placed in close juxtaposition, and splints carefully applied. The wounds readily healed; but at the expiration of six or eight weeks, notwithstanding the greatest care, the artificial joint was found to be as complete as before.

This operation occurred early in the summer of 1849. About the middle of the following December the patient again called upon me, with the inquiry—"What can be done for me?" I determined, with his consent, to make one more effort to produce a bony union.

I then performed the following operation. After cutting down upon the ulna and sawing off each extremity, upon which a ligamentous substance had formed, I perforated both the upper and the lower portion of the bone, with a small drill, about one third of an inch from each sawn extremity. I then passed a fine annealed iron wire, with which I was provided, through each hole, and, after bringing its ends together, twisted them with a pair of pliers, until the ends of the bone fairly and closely met. I then, with bone-nippers, took off all of the twisted wire that was superfluous, and bent down the ends to prevent injury of the muscles. The operation was completed by drawing the soft parts together by adhesive straps, and other dressings proper. The arm was then placed in splints, and, when the patient was able to sit up, it was suspended in an ordinary sling. Considerable inflammation followed, with suppuration; but at the end of three weeks the external wound had healed, and no abscesses formed afterwards. Callus formed, and the bone united in about the usual time.

Some months after the ulna became perfectly stiff, I performed a similar operation upon the radius, with like success, and, what was gratifying, the wound healed *by the first intention*; *no suppuration following the insertion of the wire.* As the radius stiffened and became firm, the patient threw aside his splints and began to make use of his arm. It is now about one year since the last operation. The arm is perfectly well, and the man is able to mow and cradle rye, and engage in other laborious occupations. The provisionary callus has been absorbed, and the arm is but little disfigured. As a necessary result of the numerous operations, the arm is slightly shortened, and bears upon its surface scars, honorable to the man as showing his great perseverance and courage. He is now able to support his family by the labor of his hands. In short, he is now saved from becoming a burden to the community in which he resides.

JAMES M. SMITH, M.D.

*Springfield, Mass., Sept. 1, 1851.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 10, 1851.

*Location of the New Lunatic Hospital in Massachusetts.*—No wonder that surprise is created in the minds of strangers, that such marked avidity is shown by different towns in the Commonwealth to have this institution located in their midst. Commissioners of location have been ranging over the State to find the most favorable position for it; which simply means, it is presumed, that they have sought a place where land could be had on good terms, and enough of it, too, and where other favorable circumstances are combined, such as ease of access by railroads, and the abundance and cheapness of the necessaries of life. It has so happened that wherever the committee made a halt for exploration, they were waited upon by the leading persons of the community, inviting them to put their stakes down. Even counsel was employed in some instances, to state cogent reasons why they should go no further, and also operate on their sympathies. How far their bowels of compassion were moved, reporters have not proclaimed. It is certain, however, that the gentlemen have not yet found a resting-place. The motives which actuate the people of the State in this matter are various. While some imagine that it will confer a moiety of distinction upon the city of their habitation to have the charity within sight of their dwellings, others have an eye to the rise of real estate, consequent upon the erection of a great public edifice in the vicinage. A permanent lodgment of a hundred or two State beneficiaries, to another order of minds, opens a perpetual market for the surplus vegetable crops in the neighborhood, &c. Probably, also, motives of an elevated and benevolent character influence some of those who are compassing sea and land to bring the one hundred thousand dollars to anchor in their neighborhood. The Commissioners have an unenviable duty to perform, since many will be disappointed, if not offended, whenever a decision is made that cuts off their hopes.

A third lunatic asylum will probably be required before many years. Insanity is on the increase; the causes producing it are always operating; and while intemperance, political excitement, religious controversies, individual misfortunes and vices exist, accommodations for lunatics will be needed. The Worcester Hospital is badly located, and the Legislature should remove it from the centre of that bustling city, to a quiet, airy, pleasant retreat, in the centre of a farm of at least four hundred acres. The soil, the trees, the arable fields, the gardens, shrubbery, dairy and workshops of a domain of such dimensions, under a skilful medical superintendent, would be a most powerful curative agent for a diseased mind.

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*Progress of Surgery—Diseases of the Lungs.*—While all the branches of art are progressing, and new and surprising discoveries are being made in science, surgery may be said to remain nearly stationary. True, it has made advances, and now stands high as a scientific, honorable and useful pursuit. The ancients could have entertained no conception of the extraordinary resources of surgery as practised in our day. Even one hundred years ago, the best efforts of French and English surgeons were rude and random cuttings, compared with the successful resources of modern surgery. Without a minute familiarity with anatomy, which was not then possessed, no deep-seated explorations with a knife could be entered upon.

What now remains to be done, to carry surgery still further? In the excision of tumors, the management of aneurisms, amputations at the shoulder and hips, extraction of diseased bones, and in the opening the eyes of the blind and the ears of the deaf, it seems quite impossible that any more expertness can be acquired than has been manifested. Still it is not, perhaps, too much to hope that a bold movement may yet be made to relieve the lobe of a diseased lung. If any very striking development can rationally be anticipated, it may be looked for in that direction. Nature's careful provision of two apartments in the chest, indicates the possibility of relieving one side, or one lobe, when the other is sound and in the performance of its functions. Thousands of deaths annually occur from the diseased state of one lung, or perhaps only a portion of it. If that could be put to rest, till an inflammation or ulceration was overcome, then surgery would indeed acquire a new triumph. This idea has been frequently suggested, but no one has dared to make a beginning. All kinds of theoretical objections are raised, as there were to Harvey's explanations of the circulation of the blood, to the cutting the recti muscles of the eye for squinting, and the crumbling of the stone in the bladder, instead of taking it out whole by that frightful tool, the gorget. Accidents have repeatedly shown that the thorax may be penetrated with impunity, and the lungs exposed, and even torn by splinters of fractured ribs, without destroying life. Theoretical arguments might be adduced to show that while one sound lung was carrying on the vital processes, the surgeon would be justified in attempting to arrest the force of disease in the other.

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*Legitimate Medicines.*—A circular of Messrs. Pond & Morse, druggists, of Rutland, Vt., notifies the profession of that State that their business is conducted upon the plan of Messrs. Philbrick, Carpenter & Co., of Boston, viz., that of dealing in legitimate articles only. "Patent medicines and



nostrums of every description will be entirely excluded from the premises." This resolution indicates the triumph of intelligence. For many years, the profession of a druggist and apothecary embraced the sale of any and every kind of villainous mixture that a speculator chose to represent as a specific article for some physical affliction. We would by no means denounce as aiders and abettors in the commission of a crying sin, gentlemen who happen to have these worthless productions in their stores. It is their express calling to buy and sell and get gain—they cannot reason upon the probable effects of the sale of every article of traffic, under the daily pressure of their complex business affairs. They must have some of everything that customers call for—and hence, sarsaparilla without a grain of the true article in it, bear's grease extracted from Cincinnati hogs, and thousands of other preparations equally absurd and useless, are placed with them on commission. If all those who have made themselves sufficiently rich in this current of trade, like some distillers who become sudden converts to the temperance reformation, would abandon this portion of their traffic, it would be gratifying to the medical profession, if to no one else, because the longer a house has been established, the greater is its circle of influence in distributing these abominables. Messrs. Pond & Morse have commenced upon a principle that cannot fail of being approved, and we trust will be eminently successful. Physicians who deprecate the use of patent medicines and nostrums, to be consistent will naturally extend them their patronage. They should be sustained—for it is a praiseworthy stand they have taken, honorable to themselves and exceedingly important to the community in which they reside.

*Death of Dr. Wheaton, of Providence, R. I.*—At a Special Meeting of the Rhode Island Medical Society, holden at the residence of Dr. Mauran, August 30, 1851, the following preamble and resolutions were unanimously adopted, viz:—

*Whereas*, The Fellows of this Society, having learned with deep regret of the death of their former President, the venerable Levi Wheaton, M.D., of this city, would express their high sense of his many virtues, his eminent talents, and distinguished professional and classical acquirements.

1st. *Resolved*, That they deeply sympathize with the bereaved family in their irreparable loss, and as a testimonial of their personal esteem and regard, will attend in a body the funeral of their late friend and professional associate.

2d. *Resolved*, That a copy of the foregoing Resolutions be presented to the family, published in the papers of the city, and also placed upon the permanent records of the Society.

J. W. O. ELY, *Rec. Secretary.* J. MAURAN, *2d Vice President.*

*The Veterinary Journal.*—The first number of a periodical devoted to the diffusion of veterinary knowledge, edited by George H. Dadd, M.D., has been issued in Boston. The work is to be published monthly, at the low price of \$1 a year, and is deserving of patronage. It is the province of humanity to encourage a branch of knowledge that contemplates the amelioration of the condition of sick animals, and proposes a rational, scientific medication, founded on the laws of their organization, instead of the murderous system of farriery, which has been the disgrace of our

country. Fine breeds of horses, cows, and other domestic animals, the accompaniments of man in his civilization, are the pride and sources of reliable property of the farmer, who feeds them upon rational principles, deduced from long observation upon their habits, character and tendencies; but in regard to the diseases to which they are incident, from the vicissitudes of climate, bad management, unnecessary exposures, and the cruelties often inflicted on them, no adequate provision has been made. It is one of the anomalies of every day life, that a valuable animal is given up to a confessedly ignorant man, to be dosed for a malady of which he knows nothing, with drugs the action of which he cannot predict, from not knowing their specific characters. Veterinary science proposes to prescribe for sick and maimed animals on scientific principles, precisely as human beings are treated by the physician and surgeon. We have always regarded it a proper field for the exercise of medical talent, and by no means beneath the dignity of any man, however eminent and professionally influential, to know how to alleviate the sufferings of a poor dumb beast. If a particular course of education is pursued with reference to this specialty, it is better still. It is one's ignorance, and not his distinguished attainments, that degrades a profession. There is no reason why an accomplished veterinary practitioner should not have as good and prominent a place in society, as a quack who tampers with the lives of his fellow men under false pretensions, and takes their money without rendering an adequate equivalent. We hope this new work will meet with much success.

*Medical Literature in Denmark.*—A package of books came to hand a few days since, embracing various medical subjects, which show the activity and zeal of medical men in the north of Europe. They are indefatigable workers. Their mistake is, that an inquiry is pursued till it can neither be seen nor appreciated in the extreme state of tenuity which those profound and patient students leave it. Accompanying the volumes, was a note from one of the oldest and most influential of the professors of the University of Copenhagen, who must verge upon eighty years of age—which was as follows:

*Copenhagen, June, 1851.*—Allow me, my dear sir, to recall myself in your kind remembrance, by sending you the enclosed. Although it is long since I had news from you, I hope you are happy and well. So am I—but I now grow old. I send you my kindest wishes and compliments.

“Yours most truly,

C. OTTO.

“To Dr. J. V. C. Smith, Boston, America.”

*Accoucheur's Chair—Physicians and Apothecaries.* MR. EDITOR. Sir,—Allow a friend and subscriber the opportunity to write of a few things that “indicate” the existence of a few “loose screws” in our professional car. Occasionally a new invention is paraded before the medical community, as the great desideratum, without the purchase of which, no improvement can bless the world, nor the return of the dark ages be prevented. In your last issue, I find a recommendation of an Accoucheur's Chair; and the language of commendation employed to set forth its merits, would lead the verdant-minded to the conclusion, that without such an apparatus, no child can be decently ushered into the world. This commendation, I believe, is all gas, with the exception of a few grains of empiricism. For all needful in the most painful and protracted cases of tokology, is a good hard bed with its modest and decent arrangements, such as can be found in almost any dwelling; and a horizontal position is the most natural and easy one

the daughter of Eve can occupy when travail overtakes her. It is a shame that men standing high in the profession, should aid individuals in foisting their clumsy and expensive inventions upon the credulity and patronage of community. In four hundred cases of obstetrics, all of which terminated well, I found no occasion for any thing beyond the hard bed, and the simple arrangements which may be found in almost any dwelling. The necessity for the accoucheur's chair is all folly—it exists only in the pocket nerve, in my opinion.

Another thing I wish to notice is, the relative position of physicians and apothecaries. Most of our druggists prepare, keep and vend, nostrums. Those who do not, often prescribe and sell medicine, without any prescription from a physician. Now, if druggists expect the patronage and countenance of our profession, is it not their obvious duty to refrain from prescribing, abandon the sale of patent medicines, and dispense the healing remedies only when a prescription is brought them from a regular physician? \* \* \* \* \*

I have a few things more to suggest, but will omit writing them until I know whether my crude composition is deemed worthy of being spread before the refined appetites of your readers.

Yours, &c.

H—TIMS.

Boston, September 4, 1851.

*Medical Miscellany.*—Dysentery is still very prevalent in the country.—The citizens of Auburn have secured the location of the proposed College for females, to that city, by subscribing \$20,000 towards its establishment.—There is a female now residing in Clarke Co., Georgia, who is 133 years of age. She is quite active, lively and cheerful, converses fluently, and reads well without the use of glasses.—At Ashe, N. C., Mr. William Walters (a dwarf, about 23 years old, and not more than 30 inches tall, and weighs 35 pounds), was married to Miss Elizabeth Sawyers (a full grown woman), daughter of Martin Sawyers, all of Wythe county.—Dr. Ganson, of Batavia, N. Y., lately excised a tumor that occupied nearly half of the front part of the chest.—Dr. Lucius Cook, of Wendell, recovered \$131 damages of Samuel French, of same town, at the recent term of the Franklin Common Pleas Court, for having uttered the following slander: “Dr. C. is a d——d scoundrel, and is round killing folks, and has killed my wife and one other of my family; my wife would have been alive now but for Dr. C.”—Next month, medical lectures will commence at quite a number of the schools of medicine in this country.—A very beautiful edifice is being completed at Pittsfield, Mass., for the Berkshire Medical College. The town gave five thousand dollars towards it.—Why does not some competent gentlemen deliver a popular course of lectures on Chemistry, the coming winter, in Boston? Here is an unoccupied field for fame and profit.—A large number of medical gentlemen are now in Europe, from New England.—Dr. Horace Green, of New York, is said to be purchasing a costly museum for the new Medical School in that city.

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TO CORRESPONDENTS.—Papers have been received from Drs. J. Bryan, H. D. Ranney, O. W. Randall, W. M. Cornell, E. J. Coxe, and “Suum Cuique, Jr.”

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MARRIED.—Dr. Robert F. Chase, of St. Louis, Mo., to Miss E. E. French.—Josiah I. Hall, M.D., of Chester, N. H., to Mrs. S. Alley.—Erwin Webster, M.D., of Plymouth, to Miss Harriet W. Learned, of Northbridge.

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DIED.—At Kennebunk, Me., Samuel Emerson, M.D., 84.—At Waterville, Me., Dr. Hall Chase, 59.—At Providence, R. I., Levi Wheaton, M.D., 90.—At Providence, Dr. Silas James, 62.—At New York, Henry Gray, M.D., son of Henry Gray, Esq., late of Boston.—At Louisville, Ky., Dr. W. H. Winlock.

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*Deaths in Boston*—for the week ending Saturday noon, Sept. 6, 38.—Males, 44—females, 44. Accidental, 1—apoplexy, 2—abscess, 1—disease of bowels, 14—inflammation of bowels, 3—burn, 1—disease of brain, 3—consumption, 9—convulsions, 3—cholera infantum, 8—cholera morbus, 1—debility, 1—dysentery, 6—diarrhea, 6—dropsy, 2—dropsy of brain, 1—typhus fever, 2—hooping cough, 1—disease of the heart, 1—intemperance, 1—infantile, 5—disease of liver, 1—marasmus, 3—measles, 1—smallpox, 1—teething, 9—unknown, 1—worms, 1.

Under 5 years, 56—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 4—over 60 years, 3. Americans, 30; foreigners and children of foreigners, 58.

The above includes 10 deaths at the City Institutions.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL

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WEDNESDAY, SEPTEMBER 17, 1851.

No. 7.

## RECOVERY FROM DROWNING.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Believing the remarks, with case appended, in your Journal for July 16, upon the treatment of those drowned, calculated to effect great good by directing attention to the proper mode of proceeding, I am induced to offer for your pages the following interesting case of recovery which occurred to myself in the summer of 1818, before I had commenced the study of medicine.

EDWARD JENNER COXE, M.D.

*New Orleans, August 26, 1851.*

Most frequently cases of drowning occur where it is difficult, and often impossible, to procure medical aid ; and in such, where time is of primary importance, it cannot be questioned that the narrative of the course pursued in successful cases, may prove really valuable, and merit being recorded for the benefit of others.

In the month of August, 1818, being on a visit to a relative, Mr. J. S., on the North River, I was, after dinner, aroused by the cries of the domestics, that a black child, scarcely 2 years old, was missing ; and fears were entertained that he had fallen into a large cistern, extending under ground, near the house. I instantly endeavored to find and haul up the child by means of a long pole, having a hook attached, and used for drawing buckets of water. Not being able to discover the body, I had to grope about the bottom of the cistern, hoping to entangle the dress in the hook. After several minutes thus employed, I was fortunate in finding the hook attached to something, and drawing it up, was gratified to see the child suspended by its frock. On examination, I found respiration and circulation extinct, the surface livid, and death present, as far as the functions of the vital organs were concerned. Now, what was to be done to endeavor to restore the action of the lungs and heart ? I was entirely unacquainted with any mode of proceeding. Mr. S. was absent, no physician within several miles, and only two colored females present to render such services as I might order. Most fortunately there was a copy of the Edinburgh Encyclopedia in the library, and after ordering the clothes to be removed, the body exposed to the sun, and constant friction with the hand, I referred to the article

"drowning," to find what ought to be done. A hurried glance over the pages induced me to go to work with hot friction, hot water, and breathing into the nostrils. Hot water as a bath, hot ashes to rub with, were freely and unceasingly used, at the same time I continued the inflation of the lungs, through the nostrils, alternated with gentle pressure on the breast, to imitate as much as possible natural respiration. Without being able to specify the precise time the child had remained under water, it was thought, taking all the preliminaries into consideration, that about fifteen minutes had elapsed prior to the employment of any means for resuscitation. One thing is certain, by the watch between two and three hours elapsed that were unceasingly employed in rubbing, bathing, and breathing into the nostrils, before the least sign of returning animation was manifest, when to my great joy there was one gasp, a strong inducement to continue my efforts. Several minutes passed before a second occurred; after which, the respiration and circulation were fully re-established, and the life saved. Some idea may be formed of the amount and force of the heat and frictions, when it is stated that a considerable portion of the skin of the limbs and body was found to have been abraded, requiring for some time mild unctuous applications to restore the parts to a healthy condition. After hours of hard labor in the hot sun, I had the satisfaction of seeing my efforts crowned with success; but little did I imagine I was inflicting so extensive an injury to the skin. It is most probable had I known what might have resulted, I should not have been enabled to report the successful issue of the case. Under similar circumstances, I would have no hesitation in pushing the same means to a similar extent, if necessary.

In conclusion, I think I may fairly recommend, in cases of drowning, the following course to be pursued.

1st. Remove the wet clothes, and see that the mouth and nostrils be free from foreign substances.

2d. Place the body in a warm room, allowing a free circulation of air.

3d. Continue uninterruptedly, for many hours if necessary, friction with hot ashes, salt or sand, and give a hot bath, if practicable, using friction all the time.

4th. Simultaneously with the above, continue unceasingly the forcing of air into the lungs, by blowing into the nostrils a full volume of fresh air with the mouth. In doing this, the lips should be closed with the fingers, to prevent the escape of air by the mouth. Immediately after each full insufflation, the breast should be gently pressed with the hand to imitate natural respiration.

5th. The respiration and circulation being re-established, place the person in bed, give small quantities of mild nourishment, and, if necessary, a little wine or brandy.

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*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I send you the following translation from the *Comptes Rendus* of July, of this year. It is an extract from a note by M. Bau-

dens, and is calculated to encourage our surgeons in their efforts to extend the domain of operative surgery.

Yours, &c.

*Philadelphia, Sept. 4th, 1851.*

JAMES BRYAN.

EXCISION OF THE SUPERIOR MAXILLARY BONE—USE OF CHLOROFORM—CURE OF THE PATIENT.

A FARMER, aged 36 years, having received a moderate blow on the cheek, below the orbit, last January, came to consult me on the 9th of June for a tumor which had grown in the centre of the left superior maxillary bone. This tumor, about the size of an orange, presented the mixed characters of an osseous cyst and of osteo-sarcoma. The rapid progress of the disease, and the danger of cancerous degeneration, demanded an operation without delay; and I decided to perform it on the 13th of June.

Before the discovery of the anæsthetic agents, the surgeon recoiled from the effect of pain. He should, he must balance between the amount of suffering connected with a great operation, and the probabilities of cure. Now, this conduct would denote want of skill; it would be to impose limits to art, which the suppression of pain has extended, since Dr. Jackson has discovered in ether the means of suppressing pain, and particularly since M. Flourens has perfected this means by the discovery of the action of chloroform, and demonstrated by experiments the mode of using it without danger. I say without danger, for this is the great service rendered by M. Flourens to science; he has demonstrated that the anæsthetic agent acts first upon the posterior roots of the spinal nerves, then on the anterior roots, and that the sentient principle is effaced always before that of motion. I hence infer that we cannot without danger affect the motive power, while the sentient power may be overcome without committing homicide. Hence, also, I never carry the action of chloroform to collapse, to the entire relaxation of the limbs. I entirely avoid pre-occupation during the operation, and have been able, by stopping at the point of insensibility, to employ chloroform in Val-de-Grace, more than a thousand times, as well on the wounded in February and June as on those at other times, without the occurrence of a single accident; while I have been able, by suspending it at intervals, to suppress pain for half an hour or more. I followed the plan of Velpeau, modified by the condition of the bone, as well as the modes of Dupuytren, Guersent, and some others, in excising the left superior maxillary bone. With the aid of saws of all kinds, of a chisel and mallet, I elevated successively the left superior maxillary, a portion of the malar bone, the vomer, the ossa turbinata, the nasal face of the ethmoid, and a portion of the right superior maxillary bone. This severe operation lasted fifteen minutes; but, thanks to the chloroform, the patient experienced no pain, and twenty-four days afterwards returned to his province, entirely cured of a disease which would have rapidly destroyed him. I must add that no serious hæmorrhage occurred; and, in consequence of the ice applied, after my usual method, during several days, on the face and forehead, traumatic inflammation did not extend to the head.



This success (adds the author) is calculated to encourage practitioners ; they need not be abashed at an operation, less terrible, in reality, than we generally think, especially when we reflect on the rapidly mortal consequences which follow the extension of the disease.

#### GANGRENE AFTER LABOR—A SINGULAR CASE.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. SNELL, of Elizabethtown, N. Y., æt. 42, the mother of several children, and of previous good health, but very corpulent, affords the subject of this sketch. During the last winter and spring, she, with her husband and friends, considered herself as pregnant ; but as the time drew nigh for her delivery, some of her wiser female friends suggested that there was a mistake in the matter, that there was extreme *corpulency* only, without *pregnancy*. Soon after, she was taken sick with symptoms of labor, and sent for her physician, who was called upon to decide, if possible, the important question. After making suitable inquiries, and a vaginal examination, he decided in accordance with the other friends, prescribed a "pain killer," and departed. In forty-eight hours after, he was summoned again, and presented with a large still-born male child ! Four weeks subsequent to this, I first saw the patient, with Drs. Morse and Hall. I could obtain but a very imperfect history of the case, as she had had little medical counsel, and her own description of it, with that of her friends, was very unsatisfactory and indefinite. She had not "got up" as quick as usual ; was "weak" ; had poor appetite ; "pains all over" ; bowels as large as before confinement ; had had but little pain in them ; not much tenderness ; lochial discharge much as formerly ; was able to be dressed and sit up some ; thought she should do well enough, but was a little concerned about a "black spot" upon the bowels (!) ; had taken, since confinement, from *one pint* to *one quart* of *old rum* per day, hoping to "*get strength*" ! Upon examination I found a gangrenous spot just below the umbilicus, the size of the hand ; the bowels very much distended, and evidences of extensive inflammation, perhaps of an erysipelatous character, in the abdominal parietes ; pulse 140 per minute, small and irresistible ; tongue dry and cracked ; countenance haggard and anxious ; thirst ; restlessness ; coldness of extremities ; bowels torpid ; urine scanty and high colored. Ordered charcoal and yeast poultices to the abdomen, stimulating enema and tonics, bark and wine, alternating with elix. vitriol, to be given at short intervals, with animal broths.

The subsequent history I find thus recorded.

July 5th.—Gangrene extending ; the skin rises up like dough under the operation of yeast ; room very offensive ; patient some relieved by enema ; rested well last night ; symptoms much as yesterday.

8th.—The slough fully formed and inclined to separate. Punctured the dead portion yesterday, and caught four ounces of exceedingly offensive fluid, of the appearance of muddy water. By-standers declared it to be the contents of small intestines. The slough covers a space of

forty square inches. Patient able to sit up some, and smoke a pipe. (!) General symptoms much as formerly. Neighbors complain of the "intolerable stench" in passing the house. A large abscess seems gathering in the right side.

9th.—Was able to remove the entire slough to-day. A fearful-looking ulcer now presents itself, *four inches deep* at the lowest place. The peritoneum seems not to be involved, but is easily recognized at particular points—the shape of the intestinal folds being easily distinguished. Opened a large abscess in the right epigastric region—an unfortunate addition to the existing evil. Ordered stimulants, tonics, particular care to diet and ulcer. Prognosis favorable. General symptoms improving.

14th.—Patient better. Is able to sit up some. Healthy granulations are forming. Courage of the patient and friends brightening. Gave an occasional laxative and anodyne in addition to the tonics. Cleanse the ulcer with chlod. soda. Apply nit. silver, sim. cerate, &c.

20th.—Patient improving very fast.

30th.—Mrs. S. rides out, the ulcer is nearly healed, and there is every prospect of a perfect recovery.

H. D. RANNEY.

Westport, Essex Co., N. Y., Sept. 4th, 1851.

#### NOTES TAKEN FROM HEARING MED. LECTURES IN PHILADELPHIA.

BY JOSEPH COMSTOCK, M.D., LEBANON, CONN.

DR. JAMES, *Professor of Midwifery*, said, in using the forceps always act from handle to handle, and in no other manner, which is a general rule. The King of Naples and the two Sicilies passed a law that whoever should obstruct the Cæsarean operation should be adjudged guilty of homicide. Some French writers, as Petit, think that women sometimes go with child twelve or fourteen months. The laws of the United States recognize forty weeks as the period of utero-gestation in the human species. Dr. James said that the confusion in reckoning time originated chiefly from some women reckoning lunar, and others calendar months. He told us that the calculation must be made by calendar, and not lunar time. Dr. J. dissents entirely from the opinion of Hippocrates that the infant is more apt to live at seven months than at the more advanced period of eight months. Women suffer more in civilized than in savage life. Fear of harm is poignant in the former, but anticipation disturbs not the latter. The position of the child in the womb resembles that of a person at rest, as observed by Harvey. He would not rupture the membranes by art. Would not insist on the woman in travail walking about, but would let her consult her own ease.

Dr. RUSH, on *Catarrh, Influenza and Consumption*.

*Catarrh* is an inflammatory affection of the mucous and Schneiderian membrane; and when this affection extends down into the vessels of the lungs, it produces pneumonia, and frequently lays the foundation of consumption. Many catarrhs are induced by exposing the back to the cold air when we sit by a good fire. Also by inhaling cold air into the lungs when we are warm in bed. The Russians, Canadians, and other

inhabitants of cold countries, remedy this source of catarrh by heating their rooms day and night by means of close stoves. In Holland, however, the inhabitants avoid catarrhs by remaining all the time without fire—raking up their fires after cooking their meals, as we do at night on going to bed. Catarrh brought on by removing a library, is said to occur from the mustiness of the books.

*Influenza*, or epidemic catarrh, is often a precursor of malignant diseases, but sometimes of their cessation and departure. The influenza of 1807 was one of a bilious kind, with bilious evacuations and remitting fever. It sometimes passes by jails and hospitals, and is most apt to affect those in the open air. It was epidemic in Europe in 1801 and 1802, and is sometimes endemic. Garrick's method was to eat salt ham, or a salt herring, so as to induce him from thirst to drink freely, and thus produce perspiration. A man in New York cured his family by *parboiling* them, as he termed it; i. e., by the warm bath.

*Consumption* conveys from one eighth to one quarter of the inhabitants of most of our large cities to their graves. Dr. Rush calls it *pneumonica*. Gout, rheumatism and venereal virus have excited it. It is always preceded by general debility. Dr. Beddoes found most consumptives among those who led sedentary lives. When it arises from cough, it does not occur until the cough has produced general debility. Happy the patient, attacked with consumptive complaints, who has hæmoptysis. It produces the effect of local bloodletting. He does not allow tubercles to be the cause of consumption, but a consequence of preceding disease. [?] Hydatids have in a few cases been coughed up, and oftener calculous substances. It sometimes proves fatal in five or six weeks, and is then called galloping consumption. It is a filial disease. Dr. Craig, of Maryland, lost all his children, eight in number, by it. Yet neither the doctor, his wife, or their ancestors, were subjects of it. Other instances of the same kind were noticed. When hereditary, Dr. Rush thought it most apt to be derived from the father. In Salem, in 1799, about one third of the deaths were from consumption. There have been few recoveries of those sent to the West Indies from Philadelphia. He has seen a fatal case without a chill occurring, and two others without night sweats. Some have died without fever, some without cough. It is sometimes inflammatory, sometimes typhoid and typhus.

Hectic fever is a most obstinate disease. The head seldom aches; the appetite is seldom impaired; and the venereal inclination is said not to be lessened. The highest and the lowest grades of fever have a coated tongue. But this intermediate grade of fever has no coat on that organ. In four fifths of the cases of purulent consumption, tubercles are found to exist after death. But there are cases wherein no morbid appearances of the lungs whatever can be detected by post-mortem dissection, and this even when the expectoration has been purulent. He thinks that tubercles form suddenly in the lungs. The left lobe is oftenest affected. They have been found in various diseased states, sometimes resembling smoked meat.

*Symptoms of the forming stage.*—Weakness upon exercise; burning in the hands and feet; pulse weak and small. Sometimes these premonitory symptoms go on a year before a cough commences.



*Remedies.*—In the first, small and repeated bleedings. It was used 150 times in 18 months by Dr. Griffiths, of Philadelphia, and finally with success. Steel, bark, tar-water. Purges may be used in this state of hectic fever, which idea the doctor took from nature producing diarrhoea in the late, *too late* period of the disease. Nitre in doses of from ten to twenty grains. Blisters are important. They are better repeatedly applied, than for old ones to be kept too long open. In the second stage he has seen arsenic do good, in form of Fowler's mineral solution. The diet in this stage should be light, but not cordial. Perhaps sweats produced by artificial means may cure the disease, which nature attempts to do by them at too late a period.

*Typhus State of the Disease.*—Here the diet should be light, but cordial. One of his pupils made a mistake, and put up two pills of two grains of *opium* each, instead of *opening* pills. The patient took the four grains of opium, and was better, having slept till 12 o'clock next day, and requested a repetition of the medicine. It was complied with, and he got well and lived fifteen years afterwards. Dr. R. recommends tar-water, and cloves of garlick. Of preparations of bark, he prefers the Huxham tincture. He mentioned some who had recovered after being given up by their physicians. He supposed this to have happened from their resorting to a more nourishing, cordial and agreeable diet. The clothing should be something warmer than is comfortable. The chamber-horse may be used for exercise, Sea-air is ranked among the stimulants, and should not be resorted to in the inflammatory stage. As to climate, the summer of Massachusetts and Vermont, the autumn of Pennsylvania, and the winter of the southern States, he would think the proper mode of deriving benefit from air. Much good and much harm has been done by milk diet; it being improper during the inflammatory stage of the disease. The blood of calves and of lambs has been attempted to be transfused, but this change of the blood may be brought about by living upon what these animals live upon, that is, *milk*. A diet chiefly of molasses, cured consumption in New England. It has been cured spontaneously by ulcers occurring in the arm-pits. The gases of wax and rosin he thinks have done little good. They are applied only to the lungs, whereas the disease is constitutional. Digitalis he thinks useful in the inflammatory stage, and is on the whole superior to many other remedies. A salivation has sometimes cured, and he held that hæmoptysis should not prevent a resort to it. Lichen Islandicus, and alcornoque, have done no good. Venery should be strictly prohibited in both sexes. Night and early-morning air should be avoided. A woman was said to be cured by keeping her silent for five days. For night sweats, wearing a shirt which has been soaked in a strong decoction of oak-bark, is recommended. Swelled legs are to be treated by rubbing them upwards. Unfavorable signs are obstinate cold feet, *lice*, and falling of the hair. Secretion of pus is no fatal sign. Never fear being reproached with having changed your remedies often. Obstinacy in ignorance and error are most dangerous. For cough, a teaspoonful of mustard three times a-day, or the same quantity of powdered rosin.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—A number of your correspondents have suggested and urged the propriety of all who are engaged in the practice of medicine reporting, for the benefit of the profession, such cases as may come within their observation, that are deemed worthy of note. The suggestion I deem a good one, and hope will be heeded by those who are better able to give *valuable* information than myself. I herewith send you my mite.

#### FATAL INJURY TO THE CERVICAL VERTEBRÆ.

ELI RISLEY, of this town, aged about 60, and weighing 300 pounds, while repairing his mill-dam on the 15th ult., lost his balance, and fell backwards, head first, the distance of twelve feet, striking his head and shoulders into the mud to the depth of about fourteen inches. The lad who was with him said he remained a moment or two after sticking in the mud, with his feet directly upwards, when the weight of his body doubled him forwards and partly to one side, so as to bring the neck nearly at right angles with the body. The boy succeeded in extricating his head from the mud, and then ran for help. Being then on a visit to a patient in that neighborhood, I was on the ground before he was removed to his house. Found him lying upon his back, perfectly conscious of his situation and of all that was going on around him. His mental faculties were as strong as ever; and his senses unimpaired, with the exception of the sense of *feeling*, every part below the injury being completely paralyzed. He conversed freely, gave directions about his temporal affairs, fully conscious that he could not long survive the injury. After removing him to his house, I bled him freely, administered three drops of croton oil, and made use of means to arouse action upon the surface. The pulse was wanting at first, but soon returned, and continued full and bounding to the last. The accident happened about one o'clock, P. M. About four, I repeated the croton oil, but with little hopes of getting an operation. A blister was also applied to the seat of the injury, which I judged to be about the second cervical vertebra; but owing to the great amount of flesh about the part, it was impossible to determine exactly. Having some other patients to visit, I was obliged to leave him about three hours in the evening. Returned about 11 o'clock. Found him perfectly conscious, with but little alteration, except that he could move his arms, although sensation was entirely destroyed in them. No returns from the croton. Pulse very much accelerated. Resorted again to venesection, which depressed it considerably. About two o'clock in the morning, I began to apprehend, from some slight convulsions, drowsiness, and occasional wanderings, that the brain was beginning to be involved in the injury. Shortly an apoplectic shock supervened. Bled him again largely. This seemed to arrest the shock, and was followed by a return of consciousness. Shortly, however, the blow was repeated heavier than before, and it became evident that the patient was moribund. He sank down rapidly, and expired about four—just fifteen hours after the accident.

I have no room for comments without drawing out my communication

to too great a length, although a number of queries have naturally suggested themselves to my mind. I will therefore content myself with a bare statement of the case, and leave others to make such comments as they please.

#### SUITS FOR MAL-PRACTICE.

A perusal of such cases as have from time been reported in your Journal, is calculated to arouse all the indignation of our natures; and the one recently reported from Onondaga County, in this State, is but a repetition of the inhuman cruelty and injustice pursued against the profession by a portion of community whose main object seems to be to break down the regular system of practice, and build up their favorite *isms*; and one would suppose, from the levity with which they sometimes treat an oath, that jurors are not always selected from among those who have adopted the Golden Rule for their motto. To show the severity with which they punish the "*regulars*," and the indifference with which they regard the blunders of *quacks*, I will give you a brief synopsis of two cases which have fallen under my immediate observation. As I have not the minutes of the trials, I shall be obliged to report from memory; but will try to be just to all parties; and if, through forgetfulness, I should give a false coloring, the documents can be resorted to for correction.

CASE I.—During my residence in Oswego County, about six years ago, Doctor S. Brewster, of Mexico, in that County, was prosecuted by one Clapsaddle, for mal-practice in the treatment of a fractured thigh. It was proved upon trial that Clapsaddle loosened the bandages himself several times, and got the dressings out of place. Dr. B. remonstrated with him, and told him the consequences of such conduct. The doctor finally took counsel with him, and re-set the limb. It swelled and became painful, and Clapsaddle again displaced the bandages. His friends remonstrated with him, and reminded him of the danger of having a shortened limb. His reply was, that "*Brewster was able to pay for it if he did.*" The doctor again adjusted the bandages, and out of pure kindness continued to attend him when he ought to have quitted him. But the patient was wilful, and would have his own way; and as was predicted, a shortened limb was the consequence. A suit was brought, and I believe all the above facts proved in court. A distinguished surgeon, who never saw the patient until the limb was healed, and who is rather notorious for swearing *censure* upon his professional brethren, was the main witness in the prosecution. Contrary to the expectations of probably nineteen-twentieths of those who heard the trial, a verdict was rendered against defendant of *two hundred dollars*.

CASE II.—In the fall of 1847, a botanic practitioner, by the name of Tyler, attended a case of smallpox, in the town of Litchfield, Herkimer Co. The patient was a young man who had followed the Canal, and had there contracted the disease. While attending this patient, Tyler went to the house of A. G. Norton, and offered to vaccinate the family for the kinpox. This he did, or pretended to do, and upon the development of the infection it proved to be the smallpox. Matter was taken from the arm of one of this family, and introduced into other fami-



lies in the neighborhood, supposing it to be kinexox—but produced, in every instance, smallpox by inoculation. The family of C. H. Whitney, living in the house with Norton, were exposed through the means, and had the disease the natural way. Some of them were very sick, one or two came near dying, and one little sprightly daughter was so badly pitted as to render her features almost loathsome, and destroy her beauty for life. The two families, of course, were obliged to be shut out from the rest of the world for a number of weeks, and undergo all the privations incident to such cases. A long siege of sickness from a loathsome disease was suffered, and a heavy bill of expense incurred, which Whitney, at least, was but poorly prepared to meet. He brought a suit against Tyler, and the trial was held at Herkimer in February, 1848. The matters I have before stated were fully proved, and it was substantiated by the testimony of two respectable physicians, Drs. Dow and Hunt, that all these cases were “*genuine smallpox.*” Scarce any defence was attempted, and nothing was elicited on their part, that mitigated the affair in the least. I think no attempt was made by the prosecution to show that it was any thing more than a culpable mistake, made by having both kinds of infection in his pocket, which he had no business to do.

When the jury retired, I think no individual in the Court House, not even the defendant, or his counsel, expected a verdict less than five hundred dollars; and had he been of the allopathic school, he might well have anticipated double that amount, spiced with a few months’ imprisonment. But, wonderful to tell, after *mature deliberation*, they returned a verdict for the plaintiff of *five dollars*!!

As I before stated, I have reported both these cases from memory, but I believe have given a fair representation. If the records show any defect in my statements, I will cheerfully retract. Comments are wholly unnecessary. The profession full well know the secret influences that are brought to bear against them, and as a matter of self defence it behooves them to expose these influences as far as they can consistently; and it is with that view that I have been induced to furnish the above statements for publication.

Yours truly,

Litchfield, N. Y., Sept. 4, 1851.

O. W. RANDALL.

#### PHILADELPHIA FEMALE MEDICAL COLLEGE.

[A LADY of intelligence, belonging to Massachusetts, who is determined to study medicine, from a conviction that she can be more useful in society by qualifying herself to administer remedies to the sick, has entered the new institution at Philadelphia; and being invited to give us an exact and reliable account of the school, she writes as follows.]

DEAR SIR,—According to promise, I sit down to give you a faithful record of what I have seen and heard since I left Boston. I arrived in Philadelphia after a pleasant and propitious journey, which I should have enjoyed very much, could I have forgotten the injustice which forced me to seek among strangers, and far from my native State, for that knowledge, which, with all its boasted liberality, has been denied me there.

At 4 o'clock, on Monday, I attended the introductory lecture of Dr. Moseley, at the Female Medical College. There were present about one hundred ladies, and twenty gentlemen. Dr. Moseley is a young man of not more than thirty years, with an open, pleasant countenance, and is a member of the Society of Friends. I learned from Prof. Bryan, that he was formerly connected with the Philadelphia College of Medicine, as Demonstrator of Anatomy, was a student of Dr. McClintock, and a young man of more than ordinary ability and talent. He is now Prof. of Anatomy and Dean of the Faculty. His subject was the ancient and modern history of medicine. He had something to say of *Æsculapius*, the father of medicine, of Hippocrates and Galen; also of Paracelsus, surnamed Bombastus, who burned the works of Galen before his class, declaring that he had discovered the "philosopher's stone—the elixir of life"—that he had a demon in the hilt of his sword, who was an oracle of wisdom, and enabled him to perform miracles, and that through his agency he should live to the age of Methusaleh—but, unfortunately for the credit of his demon, he died at the age of 45. From ancient Dr. M. came down to modern history, and spoke of the progress of medical knowledge in our own country, and of the two noble minds, who, amidst opposition and discouragements of every kind, commenced a course of medical lectures to a little class of ten; and he traced the upward progress of an institution commenced under such inauspicious circumstances, until it had now become one of the most popular institutions in the world. He spoke of the selection of this city, the location of the first medical college in the country and the "cradle of the arts and sciences," as peculiarly appropriate for the foundation of another, equally important, and, if possible, more strongly opposed.

He was followed by Dr. Elder, also a Friend. He addressed us in a very quaint and humorous style, classing us with negroes and idiots, and saying many severe things in his peculiarly eccentric way. I should judge him to be an ultra reformist in every sense of the word. He said our principal difficulty lay, not in the opposition of the other sex, but in the weakness and imbecility of our own. He drew a laughable yet melancholy picture of woman, as we find her in the various walks of life, with no higher aim than to ape the fashions, and throw off the responsibilities of life, spending the precious hours of youth and health in the pursuit of pleasures which tend to weaken rather than exalt the mind. He said he was glad to hear an allusion to Paracelsus; for whatever we might think of his general character, we could not but admire the zeal and enthusiasm which he manifested in his profession. He believed every good physician felt the influence of the "spirit within"—the demon in the hilt of the sword, who guided him in the discovery of hidden diseases, and enabled him to apply the potent remedy. He believed physicians were notorious brags, and the better the physician the greater the brag. And why, he asked, should it not be so? They have not the privilege accorded other professional men, of exhibiting their talents to the public. Their noblest efforts and greatest talents are perhaps displayed in some dark lane, among the low and ignorant, with none to appreciate them, or herald their achievements, and why should they not be permitted to her-



ald their own works? He bade us not be discouraged at the hard-sounding technicalities of medical books, as the brain was ever subservient to the will, and the love of the study would make all things easy. He bade us hold on to the demon in the hilt of the sword, to assiduously cultivate the spirit within, that gives eminence to the profession.

Tuesday we had Dr. Longshore's introductory. He is Prof. of Obstetrics and Diseases of Women and Children. He is an active, energetic man, apparently about 40 years of age, and seems entirely devoted to the object in which he is engaged. His subject was woman, her position, sphere and mission; and although the subject has been so frequently discussed that every deducible argument has been brought into action, yet he handled it in such a manner as to show him a deep thinker and ready reasoner. He contended that woman as the mother, educator, guide, monitor, and companion of man, *must* be his equal in all things; that were her mind cultivated, her talents unfolded, her dormant powers brought into action—were she to receive the educational advantages of man, we should find that for quickness of perception, correctness of judgment, and depth of thought, she is not his inferior.

Wednesday we listened to Dr. Dickeson. He fills the chair of Materia Medica and Pharmacy, and also that of Chemistry. He is about 35 years of age, tall and spare, and looks highly intellectual. He was formerly connected with the Jefferson College. He spoke of the connection between the various branches of medicine, of the short time devoted to each branch by the medical student in this country, and of the necessity of so classifying and arranging them as to make them harmonize and combine to the best advantage of the student. He eulogized the President and Corporation of the institution, especially the Hon. Jesse R. Burden, M.D., President of the Philadelphia College of Medicine, through whose exertions, mainly, the charter was received, and he besought us to reward them for their high-minded and praiseworthy exertions in behalf of the sex, by close application and a determination to render ourselves worthy of the efforts they had made. His lecture was a rare specimen of eloquence and scholarship.

On Thursday Dr. Livezey gave us the introductory to his course. He is Professor of the Principles and Practice of Medicine. He has the appearance of feeble health, and looks very young, although I was informed that he was 32, and enjoyed an extensive city practice. He called our attention to the fact that the principles differed from the theory of medicine, assuring us that it would be his aim to instil into our minds the known and well-established principles, without burdening us with conflicting and speculative theories. His lecture was very appropriate, and an able production.

Friday we had Dr. Foster's introductory lecture. He is Professor of Physiology. He appears to be about 45, a Friend, very modest and unassuming, but represented as a man of good attainments, and well qualified to fill the chair assigned him. He told us we should frequently need to practise the nicest discrimination to distinguish between a physiological and a pathological state of the system; that what in one individual might be looked upon as a purely physiological function, in



another would constitute disease, and require the interference of our divine art. He cautioned us to seek diligently for that knowledge which will enable us to detect disease in all its varied forms. We must not expect a miracle to be wrought in our behalf, or that such knowledge can be obtained without a proper exercise of those reasoning powers and faculties which our Creator has implanted within us.

The museum is well filled with objects of interest and usefulness. They have many wet preparations, illustrating the organs in health and disease, and also many dried specimens of much excellence. Among them is one full figure, the vessels injected, which was prepared by the students during the last session. A colossal half head, eye and ear, of Azoux's manufacture, I noticed among other apparatus; also some very excellent drawings from Tyrel's work upon diseases of the eye.

From this necessarily brief notice of the Female Medical College and its professors, I trust you will coincide with Drs. Bryan and M'Clintock in the opinion that I have done the best thing I could, under the circumstances, in matriculating at this institution. It has ever been the object of my highest ambition to thoroughly understand the diseases to which my sex are liable. For I believe, I *know*, that were there competent female physicians, who could be consulted without wounding the delicacy of the patients, many of these diseases would not be suffered to progress until they become incurable before medical aid is sought. I am glad to find so favorable an opportunity for pursuing my studies, and look hopefully forward to the time when women will be recognized as legitimate practitioners in the "divine art." Respectfully yours,

Philadelphia, Sept. 6th, 1851.

M. F. S.

#### INHALATION IN DISEASES OF THE AIR-PASSAGES.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In a late number of your Journal there is a short article from M. M. Rodgers, M.D., of Rochester, N. Y., in which, after giving me credit for furnishing a "good history of this practice and writing a good article," he says "he speaks of the practice as his own suggestion, or at least as though he was the first to notice it, or bring it in an improved form before the profession." Dr. R. will find, if he will read my article again, that I made no such claim. I quoted from Dr. T. K. Chambers, of London, and gave *his* recipe for compounding the powder. I also added, "I claim no *originality* (I underscored the word) as to the invention of the powder." How Dr. R. could have made such a mistake, I know not. I never had an idea that the inhalation of certain powders in these diseases was a *new thing*. Of this, surely, ample evidence may be found in my article, where I have quoted the inhalation of "cinchona, sulphate of iron, myrrh, sub-nitrate of bismuth, sulphate of zinc and copper, alum, acetate of lead, and nitrate of silver," and added, "the method in which they were formerly employed was by being mixed with sugar."

But the particular combination of *this powder*, as given by Dr. Cham-

bers, I had never before seen described; and if Dr. R. had used it, I did not know it. His publications had not reached me. In a word, all that I thought of doing in my article was to call attention to this mode of treating these diseases, as practised by Dr. Chambers. I can say, so far as I now know, I was the first in this country, not to *originate* this treatment, but to *imitate* it, and this is all I ever claimed. Of "*inhaling the vapor of water impregnated with nitrate of silver*," I did say "this was original with me, so far as I know; at least, I have never seen any account of its having been so used." This single sentence in reference to this one kind of vapor is all the *originality* I claimed, and this even with the proviso, that I had never seen any account of its being so used.

The following communications have been received in letters from physicians who have used the inhaling powder since my article was written. Dr. W. W., of S., Conn., under date of October 28, 1850, writes, "Perhaps you recollect the case of a little girl I mentioned to you, which we thought was a hopeless case. She has entirely recovered." This was under the use of this powder, and contained in a letter requesting me to send him more of the same. Another physician in Connecticut writes, "I have been so much pleased with the operation of your inhaling powder that I would like to have you send me another inhaler and six bottles of the powder." Dr. T. K., of N. Y., writes, "I am much pleased with the operation of your nitrate upon inflamed mucous surfaces." Dr. M., of S., Me., writes, "I have used the powder with the inhaler, in two or three cases of bronchitis, with great benefit to the patients." These are but a small part of the physicians who have used this article with benefit, as they state, in this troublesome class of diseases. I cannot but hope that many more will find it serviceable in similar cases.

In diseases of the lungs I have recently been using a powder of iodine, prepared in the same way as that of the nitrate of silver, with the lycopodium. By this process sufficient iodine may be conveyed into the system to produce considerable effect upon a strumous or cachetic diathesis. While the nitrate of silver is efficient in inducing the diseased mucous membrane of the air-passages to take on a healing action, the iodine is much more effectual in counteracting tubercular or hereditary phthisical tendencies.

Some physicians, nearer home, have expressed their opinion in accordance with that of M. Piorry, of Paris, as stated by Dr. R. I am happy to find Dr. R., who seems fearful that he may lose his right of "priority," is not among them.

W. M. CORNELL, M.D.

Boston, Sept. 10, 1851.

#### REDUCTION OF DISLOCATIONS OF THE FEMUR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was deeply interested in perusing the article in one of your recent Journals relating to a new mode of reducing dislocations of the fe-

mur. It was entirely new to me. But it seems that Mr. "Suum Cuique" was familiar with the plan, having been taught it long since by Dr. Nathan Smith. The subject is worthy of discussion, *sit lux*. If one poor mortal can be saved from the tortures of the "pulley" system, by so simple an operation as that described, we will rejoice.

Since reading the articles in your Journal, I have found the following in the Medico-Chirurgical Review, January 1, 1844, page 264, which I will transcribe for the benefit of your readers—if you please.

*"New Mode of reducing a Luxation of the Head of the Femur on the Dorsum Ilii.*—A young man, not very powerful, met with a dislocation of the head of the left femur on the dorsum of the ilium, occasioned by the fall of a bale of cochineal upon his back as he was stooping. Reduction was at first attempted by the usual method of extension with towels, as he lay upon the right side. Then he was put on his back, and reduction again attempted in vain. Another plan was now tried by Mr. Clark, Surgeon of the South Hants Infirmary, under whose care the patient was.

"I now flexed the knee to a right angle, which raised the thigh to an angle of about forty-five degrees with the bed, perhaps near a right angle with regard to the pelvis; and, by bringing the feet in contact with the other leg, while the knee was sustained in a perpendicular direction, it is manifest that the femur was rotated, and the trochanter major thrown outwards, the head alone then resting on the ilium behind the acetabulum, which cavity, with the axis of the femur through its head, neck and shaft, were now nearly on the same plane; in this relative position of the parts, by throwing the limb outwards, the head of the bone, it is fair to infer, would start forwards to its natural situation; and such was the gratifying termination of the case, with no more force than was necessary to abduct the limbs. The pelvis still fixed to the right side of the bed, admitted of no change; the heel rested on the bed, as above, while I stood on the left side of the patient, with my right hand on the hip-joint, and my left holding the knee; thus the reduction was readily and audibly effected as I drew the limb towards me.—*Prov. Med. Jour.*, Dec. 9, 1843."

SUUM CUIQUE, JR.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 17, 1851.

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*Prize Essays of the American Medical Association.*—It will be recollected that the Committee appointed at the last meeting of the Association for the purpose of receiving voluntary communications, and also for awarding five prizes for the best essays on subjects to be chosen by the writers, were, four of them residents of this city, and one of Providence, R. I., Dr. Geo. Hayward being chairman. The design was, in the annual appointment of this committee, as has already been stated in the Journal, to commence at the North, and thus proceed from one section to another, having the



members of each committee, as far as practicable, near enough together easily to unite in reading the manuscripts that may be presented, and making awards. Were the gentlemen forming the board of jurors distributed over half the Union, it would not only be expensive, but exceedingly inconvenient for the despatch of business, if not unjust towards competitors. This explanation is intended, simply to counteract any sentiment of dissatisfaction that might possibly be engendered, from not knowing precisely the principle which actuated the Association in organizing the Committee.

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*The Jenner Monument.*—Several thoroughly-experienced persons have been authorized by Drs. Jackson and Ware to take subscriptions in the city of Boston, and they are now diligently soliciting the aid of the inhabitants in rearing a durable monument to a great and good man, a benefactor and a glory to the human race. The success of the appeal now made will soon be known. The medical profession, at least, cannot feel otherwise than a lively interest in the attainment of the object. Every inhabitant of our country, and in fact of the whole globe, is a gainer by the discoveries of Dr. Jenner.

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*Young Woman's Book of Health.*—This is a one-year old book, by our old friend, Dr. Wm. A. Alcott, who is a writer of uncommon industry, and a conscientious author. We fear the work is not sufficiently appreciated by those for whom it was written. He committed a mistake, we apprehend, in making it too technical for young women. With such obscure words as *hemorrhoids*, *hysteralgia*, *nymphomania*, *hysteria*, &c., for which a common dictionary affords them no assistance, it is not likely to be sought by those who were to be instructed by it. If brought down to the comprehension of uneducated female minds, the demand for it would greatly increase. It reminds us of an unsuccessful ballet in Paris, which cost the government a large sum to bring out, but which was constructed according to such exact rules of propriety, that nobody went a second time. In that dilemma, Richelieu was consulted with regard to what was best to be done. I tell you, gentlemen, said the far-seeing Cardinal, what will make it popular—*make the petticoats shorter, and the spectacle longer, and the house will be filled.*

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*Happiness.*—The question might be asked, what has a Medical Journal to do with happiness? We have this apology for stepping aside from the path of science, and alluding to a subject that might seem out of our sphere, viz., that John Forbes, M.D., Physician to the Queen of England, gave an introductory lecture before a society, just about one year ago, respecting "*happiness in its relation to work and knowledge.*" This lecture was considered so extremely good, that it was published; and Mr. Henry Perkins, a Philadelphia bookseller, being of the same opinion, has re-published it in a neat, economical form. If its perusal should make any one happy, and we doubt not it will a great many, then it will be a useful book. The theory of bliss is charming; but, alas, happiness cannot be grasped with the hands, nor always found in a pamphlet. We shall not discuss even the merits of the performance—rather preferring that the work should be purchased, and that will at least do something towards promoting the happiness of Mr. Perkins.

*Changes produced by Oxygen.*—W. B. Herrick, M.D., President of the Illinois Medical Society, and one of the Faculty of the Rush Medical College, delivered a discourse before the learned body over which he presides, on the *Remedial Properties of Alimentary Substances, and the Changes produced by Oxygen in Health and Disease*. Possibly we may misunderstand the author, but if we do not, then he is preparing something new in the way of treating diseases, which seems to harmonize with the last German proposition, to feed the sick instead of starving them. He alludes to a former discourse, in which the assertion was made, that "the time is not far distant when the truly scientific physician will use as remedies such substances only as help to constitute, in health, the solids and fluids of the body." By this it would appear that beefsteaks and pudding are to be prescribed in lieu of pills and powders. Such a change would affect various branches of trade. If drugs are to be no longer legitimate remedies, the stall butchers in the markets will call themselves apothecaries and druggists—for, on this theory, what are sirloins, fat turkeys and canvass-back ducks, but specifics for the diseases to which mankind are incident? But how delightful the idea of eating an oyster patty for dyspepsia, or a roasted goose with tomato sauce in the last stages of a typhus fever. But would an appetite come, in such cases, with the remedy? The President says, in regard to his hypothesis—"We have arrived at this conclusion, after mature reflection upon the present state of our science, and after having observed a tendency on the part of both writers and practitioners of the present day, to regard the manifestations of disease in the human body, as evidences of want of harmony in the performance of functions consequent upon excess or deficiency of some of its parts or elements, which may be and is often more promptly restored by the addition or subtraction of one or more of its normal and proper constituents, rather than by introducing into the system powerful and even poisonous foreign substances." All the remaining parts of the discourse are fair chemical reasonings, in accordance with the views and opinions of scientific men, and the peculiar intimations of a new system of medication are lost sight of in the mass of matter with which they are associated. The ruts of a new coach cannot be distinguished, in an old, travelled road, from those made by a farm cart; but the tracks of a solitary footman are easily seen in a mellow path, where no one else has been. Dr. Herrick is evidently a deep thinker, and he is apparently now in a position to make a sensation. He should follow up his investigations on these important questions, some of which have never been satisfactorily settled; should he now relax and weigh consequences too long, his chance will be doubtful, as some bold medical philosopher may walk to the front of the stage, bow to the audience, and claim the glory of originating this very theory.

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*Diseases of the Lungs and Heart.*—When we noticed the dedication of this work to such men as Dr. Forbes and Dr. Neil Arnott, we had not a doubt with respect to its intrinsic value. We know the latter gentleman well, and are convinced no third-rate author would presume to call upon his name, as a Hercules, to help him along. The book is entitled—*A Practical Treatise on the Diseases of the Lungs and Heart, including the Principles of Physical Diagnosis*. It is by Walter Hayle Walshe, M.D., &c., and is a duodecimo of 512 pages, from the Philadelphia press of Blanchard & Lea. It is in two parts, divided into five chapters, con-

taining a copious and valuable amount of the most recent information on the treatment of those vital organs. Works on this topic are needed. In New England, if nowhere else, diseases of the lungs are increasing with the increase of population, nor is it certain that medications have essentially lessened the annual mortality by them. The same observation might with truth be made of the diseases of the heart, a bane of commercial cities. Our merchants lead lives of intense and exhausting anxiety, in conducting their extensive and hazardous enterprises. Under a never-ceasing pressure of business and excitement, the heart, the part of the machinery on which so much depends, gives way prematurely. Auscultation is laboriously considered in this work, and if it is possible to profit in this branch by the labors of others, the instruction imparted in the fifth section will be highly useful. We should recommend young practitioners, especially, to study this excellent publication diligently.

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*Medical Schools in Canada.*—They are copying, in Canada, the bad policy of their neighbors in the States, and have already organized too many medical colleges there. One is enough, but there are believed to be four, and more in embryo. This process of dilution with us has taught the unwelcome truth, that power lies in a concentration of forces.

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*Stone's Artificial Leg.* TO THE EDITOR.—Sir,—We need not go to the Bible to read the declaration that “Man has sought out many inventions.” The same sentiment is written in legible characters all over the world of arts; and among the almost numberless important improvements which are constantly presenting themselves to notice, and chasing each other off the stage, those of the artificial leg are not the smallest or least important.

The improvement in the structure of artificial legs by Mr. Palmer has recently attracted much attention and elicited much applause, perhaps justly. It is not the object of this humble notice to disparage the merits of others; but the public, and particularly those suffering under the loss of a natural leg, ought to be correctly informed. It should, then, be known, that up to the time of the recent invention by Mr. W. C. Stone, of this city, there was one great defect in all the inventions of this kind—a want of regulation and control of the knee-joint, which requires the watchful care and constant exertion of the wearer to keep it from springing forward and throwing him down. This difficulty, which keeps the wearer in constant fear, is not overcome in the invention of Mr. Palmer. But a *recent invention has succeeded in completely and ingeniously obviating this difficulty*. I refer to the invention of Mr. W. C. Stone before mentioned. Mr. S., more than twenty years since, had one of his legs amputated above the knee, as he has already informed the public through a short communication published in your Journal. Having long been personally acquainted with Mr. Stone, and accustomed to seeing him walk with a crutch and a wooden stub as a substitute for a leg; and being recently surprised on meeting him walking with two well-looking legs, to all appearance sound and natural, without his crutch, and with very little lameness, I anxiously inquired the cause of this remarkable change, and he explained the whole operation.

On pressing with weight upon the artificial leg, a steel spring fastens the



knee joint; but on taking off this weight, at every step, the joint is set at liberty and moves like the natural knee joint, and without causing any fear to the wearer of being thrown down. For useful invention, give me the man whose ingenuity is sharpened by necessity.

My object, in this short notice, is, chiefly, to call the attention of surgeons and the readers of your Journal to this vast improvement, which needs only to be known, to bring its meritorious inventor a reward as richly deserved as it is much needed.

H.

*New York Academy Proceedings.*—The following paragraph has been received from New York, but as no name accompanies it, we cannot vouch for its authenticity.

MR. EDITOR,—I send you an account of the proceedings of the *New York Academy of Medicine*, at its meeting on Wednesday last. After hearing a very interesting memoir of the late Dr. J. B. Beck, by Dr. McCready, the Academy resolved itself into a committee of the whole on the state of the Academy. It was *charged*, that one of our Fellows had granted a *certificate* to an individual who was notorious amongst us for his evil courses, and that said certificate had been published in *two* of the Medical Journals. It was the opinion of the Academy, that *disgrace* was brought upon the regular profession by said certificate, and that it ought to be revoked. In extenuation, two letters were read from the offending Fellow. The first was a letter to the individual who received the certificate, upbraiding him for having forfeited his word in *publishing the certificate*, and requesting him not to publish it again. The second was a letter of apology to the Academy, expressing his regret and sorrow that he had given the certificate, and appealing to the forbearance of the Academy, as said certificate was given with a *solemn pledge* that it should not be made public. Wherefore, the Academy, after expressing its disapprobation of the act in question, suspended all further action on the charge.

As said certificate was published in your Journal, I thought that you should be apprised of the above proceedings,

September 8, 1851.

A FELLOW OF THE ACADEMY.

*Remedy for Deficient Lactation.*—At a late meeting of the Medical Society of Virginia, the proceedings of which are reported in the "Stethoscope," "Dr. Deane said he would call the attention of the Society to a remedy, which he had lately seen in some Journal, for deficient lactation. It was the plant of the ol. ricini. He proceeded to narrate a case in which he had used it with success. Mrs. ———, of robust and good constitution, in her first confinement had not suffered in the least from fever or other complication, but did not afford a single drachm of milk—all remedies and applications failed. A few weeks ago Dr. D. attended her in her second confinement, and finding the same state of things existing, he was induced to make trial of the above new remedy. He accordingly ordered a strong decoction of it to be taken, and wet leaves of it to be applied to the mammæ. Hardness, &c. of the breasts ensued in an hour or two, and on the next day lactation had set in plentifully. He hoped members would give it a fair trial whenever an opportunity presented, and report the results.

*New York Hospital.*—The medical officers of this noble charity have done credit to their good sense and humanity, by causing the erection of a

spacious tent upon the beautiful green within their enclosure, into which their medical and surgical cases are placed for treatment in the open air, when their condition admits of their removal from the hospital wards, or demands a purer air or better ventilation. Such provision for the sick in hospitals, during the warm season, will be the means of saving human life, as was abundantly exemplified during the summer of 1847, when 700 cases of ship-fever were thus rescued from perishing in the confined air of the dilapidated buildings then occupied at Bellevue.

This tent at our city hospital has an elevated plank floor, is open at the sides, and protected from the rays of the sun by a very extended fly, while it is thoroughly lined and otherwise secured against rain. It has been found signally useful, and will doubtless be henceforth adopted among the permanent armamentaria of this hospital.—*N. Y. Medical Gazette.*

*Medical Miscellany.*—Dr. John Baskin is the President of the Medical Association of Western Pennsylvania and Eastern Ohio. The next meeting is to be held at Youngstown, Ohio, Oct. 21st.—A woman died at the Hotel Dieu, in Paris, at the age of 25, who weighed not less than 400 lbs.—The mammæ of a female in France became painfully enlarged. In one year the left breast increased to 15 inches from the bone to the nipple, and 27 in circumference, and the right one was almost the same size. Three years from the beginning of the hypertrophy, the abdomen became studded over with tumors which hung down to her knees. The left breast was amputated, and weighed 30 pounds and a half.—Kousso is gaining reputation for the expulsion of tape-worm. The Journals present striking illustrations of its potency.—There are 12 institutions for educating the deaf and dumb in the United States.—Dr. Wilbur, of Barre, Mass., has been chosen superintendent of the New York State institution for idiots.—New Orleans remains in a healthful condition.—The dysentery is quite destructive in several parts of Massachusetts.—Boston is remarkably free from sickness.—A copy of the new medical work of which several correspondents desire a notice, that they can judge whether it is worth purchasing, has not yet come to this office; and it is a rule never to notice any book not sent for examination.—The lectures at the Boston Female Medical School commence on the first Wednesday of November next.—A new and valuable anatomical museum for the Medical Department of the University of Louisiana is expected to arrive from Europe before the next lecture term.

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TO CORRESPONDENTS.—The remainder of Dr. Knowlton's Autobiography, and Cato's Sketches, No. 21, have been received.

Dr. Z. Cross, of Green River, writes, in reply to a correspondent in last week's Journal, that he has used the Accoucheur's Chair with much pleasure and satisfaction, and that "the position upon it is in every respect superior to all others."

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MARRIED.—Dr. Abram Gindrat, of Montgomery, Alabama, to Miss M. E. Ewing.—In Greenwich, Dr. Joseph Root, of New Hartford, Conn., to Miss Frances Alden, of Greenwich.

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DIED.—At Wrentham, Mass., William Ingalls, M.D., late of Boston, formerly a distinguished surgeon and physician.—At Bonn, Germany. Dr. C. F. Nasse, a medical professor in the university, 72.—At Greenfield, Dr. Alpheus F. Stone, 73.

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*Deaths in Boston*—for the week ending Saturday noon, Sept. 13th, 93.—Males, 51—females, 42. Accidental, 1—apoplexy, 1—disease of bowels, 11—inflammation of bowels, 1—disease of brain, 2—congestion of brain, 1—consumption, 10—convulsions, 3—cholera infantum, 7—cancer, 1—debility, 1—dysentery, 15—diarrhœa, 5—delirium tremens, 1—dropsy of brain, 4—drowned, 1—typhoid fever, 1—fracture, 1—hooping cough, 2—disease of the heart, 2—infantile, 6—inflammation, 1—disease of liver, 1—marasmus, 1—measles, 1—old age, 2—disease of spine, 1—teething, 7—worms, 2.

Under 5 years, 51—between 5 and 20 years, 3—between 20 and 40 years, 18—between 40 and 60 years, 7—over 60 years, 9. Americans, 37; foreigners and children of foreigners, 56.

The above includes 5 deaths at the City Institutions.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL

VOL. XLV.

WEDNESDAY, SEPTEMBER 24, 1851.

No. 8.

## THE LATE DR. KNOWLTON'S AUTOBIOGRAPHY.

[Concluded from page 120.]

TOWARDS the close of this term of lectures there was a "ghost scrape" in the medical building, which excited a good deal of interest, and was spoken of far and near. I have been informed that it even brought a letter of inquiry from the city of Washington to one of the professors. It was commenced in the cellar of the medical building, among an old lot of human and various other bones, by two of the medical students. For one or two evenings they played the ghost very successfully alone; but wanting assistance, and finding me very sceptical in relation to ghosts, they let me, with one or two others, into the secret. And as good luck would have it, the next evening, when nearly all the medical and some of the college students assembled to hear and discover the ghost, it was found necessary to make choice of some one to superintend the investigation, whose orders all agreed to obey; and the choice fell on me. The part I now had to play was to assist in carrying on the operations of the ghost, and yet appear to be really and honestly engaged in ascertaining the cause of the hideous noises, and the actual rattlings among the bones in the cellar. And to cut short the story, I continued to be "captain" night after night, and with the assistance of the few in the secret, continued to keep up the "ghost," in spite of all the ingenious plans of discovery which were suggested (and which, of course, to keep up appearances of earnestness, I must adopt) by the medical and college students, until I was desirous to wind up the ghost business, that it might no longer encroach on my time. But here was a difficulty. The business had thus far gone on gloriously. We had fooled not only most of the medical, but many of the college students. We had caused many pale faces, though we had not been able to make one actually acknowledge that he believed in ghosts. But if it was a real ghost that had made all the unearthly and sepulchral noises, and had repeatedly knocked down boxes of bones, and strewed them in various directions without leaving any marks of footsteps in the ashes which had been sifted all around them to a great distance, then it was certainly necessary that there should be some good *cause* why said ghost should not continue to haunt the cellar on future evenings. I was thinking this matter over during the last



evening of our operations, and at length a lucky idea occurred to me. I addressed the assembly as follows :—" Gentlemen, I cannot say that I believe in ghosts any more than you do, but I do say, in common with all the rest of you, that here is something very mysterious and past finding out. Nor am I prepared to say that there is any harm or impropriety in the living making use of the dead for useful purposes. But there is such a thing as decency in all things; and under all circumstances some degree of respect for the dead ought to be entertained. Here (for I made my remarks in the cellar, at a midnight hour) has been a promiscuous pile of human and other bones—sheeps' bones, horses' bones, dogs' bones, and so on. Perhaps a part of the bones of one of the most righteous and godlike men that ever lived are here, while the remainder are, we know not where. The bones of the most wicked and abandoned of the human race, male or female, may also be here—all mixed up together. To some it may appear that there is no harm in all this; but I do propose—and surely there can be no harm in making the trial—that to-morrow morning all these human bones be carefully sorted out from among the others, put into a box, and then be deposited in the anatomical museum. It is possible that this may prevent a repetition of the noises, &c. that we have so frequently witnessed." This proposition met with a favorable response. The bones were accordingly sorted out and deposited as proposed, and there was no longer any disturbance in the cellar.

It would be a tedious and very difficult task to describe to the reader the manner in which this ghost scrape was conducted—nor shall I attempt it. But I will remark, that, for the last two evenings especially, we should have been unable to proceed had I been in the least degree suspected of playing the double part which I did. One of the professors (Oliver) so far aided as to let us have the keys of the building, and was highly pleased with the sport. One poor fellow was so alarmed that he left the building where he slept, and ran across a pasture in his shirt tail—and when this professor came to show us how glass is marked by means of wax and fluoric acid, he drew a representation of this fellow thus running over the hill, looking behind him, and screaming "ghost!" "ghost!"

The reader has now seen all the opportunity which I had for acquiring a knowledge of medicine, before I commenced practice. In the fall of 1821 I commenced, with imperfect health; and in the fall of 1823 I passed a very successful examination for the degree of M.D. And during much of the two years and two months which intervened between the commencement of my studies and my examination, I labored, and did not study at all; at other times I worked for my board. Another portion of time was taken up by a prosecution; another by cooking what little I ate, and still suffering for want of food; and, finally, I had a young and affectionate wife, whom I must visit every now and then, whether-or-no. I say all this, because I had rather that my ignorance be attributed to want of advantages than to any defect in my original organization; but why a man wishes others to think well of his natural powers, when he had no hand in making them, I leave for others to solve.

Having returned from my second course of lectures, I started off with a horse, an old sleigh, an old pair of farmer's saddle-bags, an electerizing machine, and ten dollars, only ten dollars, and no medicines, to seek my fortune. Before I had travelled twenty-five miles a crafty yankee pedlar got away three or four dollars of my money for a cap which was worth but one dollar. The first night I put up in Greenfield, and owing to my deficiency of funds, I started off the next morning before breakfast, and did not eat anything until nearly sundown. I settled in Hawley, a miserable location for me, because I had no means to enable me to look further. Several of the people of Hawley assured me that my chance for doing business would be good; but I would advise young physicians that persons who recommend certain places to them, may be interested in having them settle there. They may have some unjust pique against the physician or physicians already residing there; and on making inquiries of some other person the young physician may receive a very different opinion as to the location. At any rate, it is very important that the young physician pitch upon a suitable location when he commences practice; and he had better do almost any way, than commence where he has not good reason to believe that he shall be willing to remain for several years. It is hard sledding without some good friends, and it is hard leaving good friends after you have obtained them. But there are other important disadvantages in a physician's moving from place to place, which will readily suggest themselves to reflecting minds.

I went into Hawley, with my empty purse and saddle-bags, on the first of January, 1824; and there bought, at the first move, a small place (without paying a cent down for it), before I knew anything of the value of real estate in that town, and promised to give a fifth if not a quarter more for it than it could have been sold for to any other person. I was trusted for board, horse-keeping, &c., on the presumption that I should do something. In four or five weeks I got a man of the town to go down with me to Templeton and bring up my wife, with what few goods we had. For the first three and a half months I was in Hawley, my whole business was not worth twenty dollars in cash, and having no books or nearly none—and I cannot recollect that I had a single medical book, while I certainly had no mortar and pestle, nor scales. About the middle of April, I had to leave my wife, having waited for her accouchement as long as I could, and travel through the mud, and quite rainy it was, on horseback, to Worcester, about seventy miles, to meet my trial for the Royalston resurrection scrape. I went directly to Worcester, and found my father there, who, being bound for my appearance, began to fear that I should fail to be present. He procured an eminent attorney, by the name of Hoar, to defend my case; but it did appear to me that he did not manage nor plead worth one cent. I presume he did not regard it as a case of much consequence; but I thought quite otherwise. I was indicted for digging up, and also for aiding and abetting in disposing of the subject; that is, for dissection; and it was the latter count only that was sustained by the Commonwealth. My sentence was two months imprisonment in the County Jail, and costs of Court. I was locked up in a room with two petty thieves, one of

them a still, clever, honest little fellow—only he would sometimes get a little runny, and when in this state he put on a man's overcoat, at a tavern, in Worcester, and walked about, not, however, out of sight of the house, in open day. But there were lawyers enough, and jail-room enough, in Worcester, and they all wanted business. A stranger is more likely to be taken up for some petty offence in such a place, than in our small towns which contain no starving lawyers to protect public morals and preserve the peace and "dignity of the Commonwealth." My other room-mate was rascal to the core, but could tell as good a story for himself as the other man.

That cold, dark, unfurnished jail-room, with the little square-cornered tin dish of scanty, coarse fare, stuck through a hole in the door, twice in twenty-four hours, with nothing but water to drink, and a couch of fleas and bed-bugs to rest upon, I did not like very well. For many days I was very hungry; but I was determined not to spend the little money I had for extra fare, at the great price they put upon it. At length I got so I could lay by a crust, or a bit of cold meat, until I should be more hungry; and soon after this I began to forget to eat them before the hour for the next meal came round. In short, I found that they brought me victuals enough. The only difficulty was, that I had been in the habit of eating too much. My head was very clear. I used to read and write by day, and lie and think by night; and it was upon my flea and bed-bug couch, which lay on the floor, that I became a materialist, and conceived some important views of the intellectual operations which I still believe correct, and which I think will in time be generally acknowledged to be so.

I had not been in jail long, before I received information that my wife was delivered of a son, and was doing well. As the term of my imprisonment drew towards a close, my father Stuart and my younger brother, Augustus, beset my father to raise the money to pay the costs of court, and let me out, rather than lie there a few weeks longer, and be liberated by court, without paying costs. I also liked this move in the time of it; but it would have been the better way to have waited for liberation by court. I believe the costs of court amounted to about two hundred and fifty dollars, for which I gave my notes to my father; and, having renewed them once, they have been on interest ever since, and will eventually deprive me of all further share in my father's property at his decease.

Having left the jail and returned to Hawley, I there remained, doing all in my power to accumulate a little property, until November, 1827. I was located on the top of a high hill, with very few inhabitants around me, and these few generally healthy, and in the habit of paying but small fees for medical services. There was an old physician in the place, with a farm to help him live, and a wife of influence to help him to business. The roads were terrible in the winter, no mill within three miles of me, and the people were more in the habit of hiving up and letting the roads alone than they were in breaking them out. There was no travel through the town, and all the business done in town in the winter season, was the business of consuming what had been accumu-



lated in the warm season. Here I spent my winters, secluded in my office, studying metaphysics by day, and dreaming about metaphysical subjects by night. Sometimes, for a week, I did not take my horse out of the barn. At length my great end and aim was to astonish the world, and become even far more famous than John Locke ever was, by publishing a work containing the only *true* explanation of the intellectual phenomena of man that had ever been given. So I sold all out, collected all the money I could, and went to North Adams, thinking that there was the place to get out my book, because a little weekly newspaper, with some six hundred subscribers, was printed there! At this time I was worth, reckoning personal property and all, only about five hundred dollars. I designed to practise medicine and get out my book at the same time. But there were other physicians enough in the place to do all the business, and my mind being all engaged about my metaphysics, I got only a little practice, and most of this among those who never paid me. I got out a subscription paper or a prospectus for my book, pledging myself not to sell the work to non-subscribers short of \$2,50, while the price to subscribers was \$2.00. I was not able to obtain many subscribers; and I now pity myself when I reflect how anxious I was, how hard I tried, and how much difficulty I found, in obtaining credit and other means of getting out the book. I sold a horse with a view to obtain money to assist me a little, but took as part pay a note of forty odd dollars against a man who soon after run off, and I have never got a cent of it.

Soon after issuing my prospectus, I went over to Williamstown, six miles from North Adams, on purpose to see and converse with the late President Griffin, of Williams College, in that place. I introduced myself to him, and informed him that, so far as I knew, I had some *original* views of the intellectual operations, and having been informed that he had directed his attention much to the philosophy of mind, I had come to converse with him on the subject; and that I was the more desirous of doing so, because I had it in contemplation to publish my views, unless I should be convinced that they were erroneous. I then undertook to give him a brief summary of my views. But the old President declared them all vain, speculative, and mere hypothesis upon hypothesis; and said a great deal against hypothesis. He went on to prove the independent existence of mind, by quoting the argument of the Scottish metaphysicians, as Reid, Stewart, &c., and in the course of his remarks he said that matter is not a mere bundle of properties, as extension, solidity, &c., but that it is a substratum, essence, or unknown something to which these properties belong. I then asked him if the existence of his unknown something, or matter itself, as he would call it, was anything more or less than a sheer hypothesis. At this the old gentleman colored, and said, "Ah, Sir, I perceive that you see pretty quick"; and he said no more against hypotheses. We parted in good feeling; but I was more determined to go on in publishing my views than before the interview. But before I could get my work to press, I drew up a written summary of my views, and sent them over to President Griffin, with a polite request that he would refute

them, if he felt able to do so. After waiting several weeks without hearing anything from him, I again went over to see him. I met him on the common, and on seeing me, his first salutation was as follows—“Ah, I received your manuscript. I intended to have answered it, but I have not had time, and shall not have until next winter. You may have it again if you wish.” I told him that I did not wish to publish my views to the world unless they were at least plausible; and that I was really desirous he would show wherein they were fallacious, if in his power to do so. He then made precisely this reply—I remember his words exactly, for I have often thought of them—“Why, as for refuting materialism by philosophy, no mortal man can ever do it. It is only by scripture that it can be done.”

Well, I was now even more anxious to get out my book than before, and after a long time, and much effort, I got it to press. But it was three or four months in being printed. I worked early and late at the press myself. I supposed my manuscript all complete, and did not review it as it was being printed. I went in for one thousand copies, fully believing that the greater number I could get out the more wealthy I should be within one year. There was no press at this office for smoothing and pressing the sheets after they came from the printing press. We used to dry them, and do them up in bundles, and when we got a one-horse load of them, I would carry them off about twenty miles to a book-binder, in Pittsfield. But in this dry state he could not easily make the papers smooth, so all the books contained paper more or less wrinkled; the type used was also worn badly, and the book did not look well. They however cost me, when bound, about ninety cents per copy, and had got me deeply in debt, with no means but the book to enable me to get out. I started off myself with a one-horse load of them for the city of New York, strangely expecting to bring back lots of money! I left my horse and wagon in Troy, and went down the river with my books in a boat. I remained in New York about two weeks, making every effort in my power to raise some money on my “*Elements of Modern Materialism*.” But the bare title was enough to satisfy every bookseller. They would not look further; they wanted nothing to do with it. Finally, I set my face for home; but positively, all the money I had raised in the city, with all I could raise on my way home, was not sufficient to meet my trifling expenses, and I was compelled to violate my promise to my few subscribers, made in my prospectus, and sell one book for less than \$2.50—nay, out of compassion, a tavern keeper agreed to let me have horse-keeping and lodging one night, and supper and breakfast with his family, for one of the books. Thus I got home without a single dollar of money in my pocket!!

By this time (May, 1829) I was in a fine pickle. I had more cause for being disheartened than many have who cut their throats or blow out their brains; and, in truth, I was disheartened. I was there in North Adams, with my wife and three small children, on a small place which I had purchased, but was unable to pay for. I was otherwise about \$1000 in debt. The book-binder was expecting his pay on my return from New York. I was in no profitable business. My book, so far from procuring this for

me, or a great and good (popular) name, only had an opposite effect. I was regarded as a deist, infidel, "bad man," &c., and the religious people—instigated, some of them, by the clergy—gave me no countenance. It is true that I had but very little professional business before I published my book, and most of what I did have was among the poor operatives in the factories, who have never paid me; but in a very few respectable and religious families I had had some business, and thought I did well for them. I had reason to expect a continuance of their patronage; but it was withheld. I was all down, in every respect, and knew not what to do. The book-binder soon sent on his demand to be collected. With some motive or other, I know not what, perhaps a friendly one, the lawyer to whom the demand was sent, informed me that I should be visited by a sheriff in about twenty-four hours. I was without able friends, and viewed my case as rather desperate. I had just made up my mind to leave my wife, children, and all my effects, and start off on foot with only a pack on my back for Canada, as the hour for the arrival of the sheriff expired. I had several uncles and cousins, most of them in good circumstances, in Canada. I had talked the matter all over with my wife. I had never been in or near Canada, but believed that if there I should be able to get into business, and soon send for my family. I *started for Canada*, but the officer met me in the door-yard. So this plan was up. But I succeeded in keeping out of jail. I gave back my place to the man of whom I purchased it, and by getting his name on to a twenty-dollar note, and by turning out my watch, I was able to settle with the book-binder. I disposed of pretty much all my property, in favor of my creditors, as best I could. My *Modern Materialisms*, however, were not thought worth anything by any of them, so I still retained possession of all of them, some of which were bound, and some not. During the summer and fall of 1829 I made considerable effort to raise a little money on these books, still holding them at the very high price which I had promised to do in my prospectus. I went into the State of New York, in May, with a lot of them, and a few other "infidel" publications which I procured in exchange for them when in the city of New York. I travelled with a horse and wagon. But I met with no good success. The only bright spot in my whole tour was at Saratoga Springs. There a resident of that place, Mr. Ransom Cook, a fine man, an ingenious mechanic, and a magistrate, chanced to notice my "*wares*," and he purchased, and encouraged others to purchase, to the amount of six or eight dollars. From there I went on west as far as Utica, and with all my efforts I could not sell a dollar's amount of books while travelling one hundred miles. I could effect no sales of any consequence in Utica, but I still contemplated going on as far as Rochester, and perhaps even to Buffalo. I left Utica near night, went about seven miles, called at a tavern, took a dish of bread and milk, as the best supper I could afford, and went to bed with a small quid of tobacco in my mouth, and for the first time in my life retained it in my mouth during the whole night, though this is now my usual practice. During the night it stormed. The roads were clayey and becoming bad, and in the morning I headed towards home,



which I reached with my pockets about as destitute of money as when I started. I then set out again with a few books, with a view of going to Templeton and Winchendon, and at this latter place to put them on a direct line of stages, to Woodstock, Vt., where I expected a man by the name of Haskell would be able to sell a few copies for me. I went by way of Springfield, where I had previously sent a lot of books. I had a very few scattering subscribers on the route. I left Springfield one afternoon, and went directly to Amherst, without attempting to sell a book. I put up at Amherst for the night, and after supper I took three or four copies of my *Modern Materialism*, and went to the College, with a view of disposing of them to the students. I succeeded in exchanging one copy for other books, and left one or two more for the students to examine until morning. In the morning I awoke and felt rich, as I had got possession of nearly fifty dollars in cash. I thought how glad it would cause my wife to feel when I got home, and how much it would help me in procuring necessaries for my family, and in moving—for I was about to move from Adams, as will be stated more fully presently. After breakfast I went over to the College, to obtain the books I had left, or, perhaps, the pay for them. But when I got there I found the students had a very poor opinion of my book. So I took them, and on my way back to the tavern I called on President Humphrey, and presented him with one of the books. He hastily looked it over for a few minutes, and then replied that he should think a man of my appearance ought to be in better business than in carrying such a book about the country. I saw he was agitated. I told him it was a work of my own; that I could but believe that it contained correct and original views of the important subjects of which it treated; that I meant no offence in coming to him with the book, but thought, considering his standing, he might like to see an effort to explain the intellectual phenomena upon the principle of materialism. "I care nothing about your *materialism*," was his angry reply. He treated me without the least respect. I left his house with a great desire that I might yet be able to cause him to care something about materialism. In going from his house to the tavern I met a man, who went, I suppose, to Humphrey's house. In a few minutes after I reached the tavern, this man returned, and coming up to me, inquired if my name was Charles Knowlton; and on being answered in the affirmative, he said, "Well, I have a warrant for you." Of course I was much surprised, and inquired of him the reason of his having the warrant. He made but little reply, but hurried me off to the office of a magistrate, where I found a score or two of college students, and some other persons whom I had not seen, most of them quietly seated, and waiting my appearance. The complaint was for *peddling* books. I told the Justice that I was entirely ignorant (as in truth I was) of the existence of any law in this State against peddling books; but on the contrary had in several instances seen men peddling bibles and other books. But the Justice presented a law, which, sure enough, prohibits the peddling of books and many other things in this State, except by the persons who manufacture them. I then told him that my books were of my own writing and publishing, and that I caused them to be printed ex-

pressly for me. But this had no weight with him. I then told him the facts in the case, that I was not out for the purpose of peddling books, that I was distributing some to a few subscribers, trying to collect a little money of one or two agents, who had previously received books and distributed them to other subscribers; that I was on my way to Templeton to see my friends, and to put a small box of books on board a stage for Woodstock, Vt.; and that in going from place to place, I did not stop on my way to sell books—I only made a little effort, now and then, to sell a book, when I had occasion to stop for other purposes; that I had not sold a book since I left home, but had only succeeded in exchanging one for other books. But it availed but little for me to talk. I knew it was the kind or *character* of the book that had caused the prosecution. The Justice said he must require bonds for my appearance at the Court of Common Pleas, to be holden about eight weeks hence, at Northampton. I then told him I was there without friends, acquaintances or property. I told him something of the situation of my family and affairs—that it would be a hard case for me to lie in Northampton Jail until court time, for so trifling and unintended offence. He put the bonds at fifty dollars. I told him I could not meet them—could not secure any one to this amount. He wanted to know if I did not own a horse and wagon. I told him I had such with me, but another man had a bill of sale of them. And such was the case. I pleaded with him to lower the bonds to twenty-five dollars, and he did so. This amount I put into the hands of one Adams, a bookseller, to secure him as my bail, although it was his brother who entered the complaint against me.

Here Dr. Knowlton's manuscript abruptly ends. He never continued it further. In another article I will give the main incidents of his life up to the time of his death.

S. J. W. T.

## NOTES TAKEN FROM HEARING MED. LECTURES IN PHILADELPHIA.

BY JOSEPH COMSTOCK, M.D., LEBANON, CONN.

### Dr. CHAPMAN, on *Emmenagogues*.

Mentioned that rosemary had been favorably esteemed by Bergius, and that it was a highly popular remedy in Philadelphia, made into a strong tea, and a tumbler full taken two or three times a day.

*Pennyroyal*.—The pulegium of English writers was said to be different from ours, it being a species of mint.

He employed tinct. cantharides, 10 to 15 drops at first, gradually increased in quantity. Cases in which the womb is in an atonic state are those to which its use is most adapted. Phosphorus, 1-10th grain. Of iron he prefers the *rubigo ferri*. Dose, 10 to 15 grains.

The following formulas are given—R. Cort. Peru.,  $\mathfrak{z}$  i.; ginger, ferri rub.,  $\mathfrak{a}\mathfrak{a}$   $\mathfrak{z}$  ij., formed into an electuary. Dose, a piece as large as the end of the finger. R. Ferri rub.,  $\mathfrak{z}$  iss.; orange peel and gentian,  $\mathfrak{a}\mathfrak{a}$   $\mathfrak{z}$  ss., Port wine, 1 qt.

*Amenorrhœa*.—If you do not remove blood, it will break forth by some emunctory—as in the case of a woman who bled from an ulcer.

The following recipe for the genuine Hooper's Pills, is given by Prof. C. Sal martis,  $\frac{3}{4}$  ss. ; hiera picra,  $\frac{3}{4}$  ss. ; jalap,  $\frac{3}{4}$  i. ; myrrh,  $\frac{3}{4}$  ss. Made into pills of common size, with common syrup.

Black hellebore was introduced by Dr. Mead, discarded by Cullen, but is now resumed both here and in Europe, and is preferred by Dr. Physick to all other emmenagogues. His dose was ten grains a day, in form of pills. Dr. Chapman preferred the tincture, in dose of 30, 40, or 50 drops a day, gradually increased.

*Dysmenorrhœa*.—1. Bloodletting very copiously. 2. Opium and ipecac., in form of Dover's powders. 3. Warm bath, temperature 98 to 100°. But he reposes most confidence in opium and camphor combined. He mentions anodyne injections,  $\frac{3}{4}$  i. to  $\frac{3}{4}$  ij. of laudanum. He would also give calomel, and blister the inside of the thigh. He mentioned a case in which the ovaries were removed, after which the woman never menstruated.

Dr. WISTAR, on *Gastritis*.

Thinks inflammation of the peritoneal coat is not different from the other forms of inflammation of the intestine. Peritoneal inflammation sometimes affects patients in one ward of a hospital in England, epidemically, so that the ward has to be shut up. A case happened in Philadelphia, of two boys at play after supper. One boy gave the other a blow on the stomach, and the boy who received the blow instantly fell dead. Dr. Wistar compared this catastrophe with those deaths which happen, equally sudden, from drinking cold water when heated. The temperature of pump water in that city is 54°. The pulse does not denote the violence of inflammatory action on the stomach. Dr. Cullen is supposed by Dr. Wistar not to have seen a great many cases of gastritis, but to have given us the result of his reflections. Vomiting is one of its symptoms. He mentioned that inflammation of the pericardium is not attended with an irregular pulse ; and that in yellow fever, inflammation of the stomach occurs on the third or fourth day. In his own case, of yellow fever, Dr. Wistar told us that he found great benefit from camomile tea. Of black vomit, he thought Dr. Lining's description the best. But Dr. Physick, Dr. Wistar thinks, first suggested its being formed in the surface of the stomach, and that it does not (at least commonly) come from the gall-bladder. In these respects Dr. Wistar agrees with him. He has seen a case of black vomiting lately in a child. It comes on without preceding or present symptoms of danger ; and sometimes there is no other indication of danger, till this deathly sign appears. A French physician seeing the tongue of a patient in yellow fever, cried out, "This is a gastric tongue !" Fever and vomiting point out inflammation in cases of colic. Here he said smoke and infusion of tobacco must be used with caution, but still *must* be used. He thought a drachm too large a quantity to a pint of water, and would begin only with one scruple. Dr. Physick, in such cases, uses anodyne injections. He would give 8 or 10 grains of calomel with 2 grains of opium at night. Dr. Cadwallader, the earliest writer in Philadelphia upon medicine, recommended opium in *colica pictorum*.



As remedies for gastritis, Dr. Wistar would generally bleed freely. Apply leeches and large blisters. Lime-water and milk, to relieve vomiting. Salivation is the dernier resort. It relieved a person in New York after twenty days constipation, and he would use it in all obstinate cases of the kind where other remedies failed. He observed that this mode was first found out in Scotland, but fell into disuse. He cautioned us, however, against frequently resorting to it, as we are not able to control the violence of salivation. A case was mentioned in which mercurial ointment was rubbed in, but was discontinued as soon as the mouth began to be sore, and yet a salivation came on which lasted six weeks, although the parts were well washed where the ointment had been rubbed.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XXI.

PROF. CHARLES B. COVENTRY, M.D.

*Hel.*—\* \* \* \* \* Gerard de Narbon was

My father; in what he did profess, well found.

*King.*—I knew him.

*Hel.*—The rather will I spare my praises towards him;  
Knowing him is enough.—*All's well that ends well.*

It is a curious fact, in relation to the civilization of the present age, that science and philanthropy are, as it were, divorced from religion and politics. In the middle ages, and even now in those countries where the social, religious and political conditions of the people approximate those of the middle ages, philanthropy and the sciences are in the hands of the priesthood. Medicine was practised by the same persons who officiated at the altars of religion. All plans for the amelioration of the physical condition of man, must and did originate from the cloister and the monastery. How different the present state of affairs, especially in protestant christendom. The church attends to "things spiritual," while philanthropy is not only reduced to a science, but left almost entirely to the care of the scientific professions. Medicine, ever since her separation from the paraphernalia of religion, has been the acknowledged mother of all schemes for bettering the physical and intellectual condition of man. The founder of the asylum for the insane, is now a physician; the originator of a plan and the successful conductor of the practical part of a hospital, dispensary, or *maison de santé*, is a medical man. The devoted Knight Templar of the dark ages, whose vow kept him ever ministering to the sick and the unfortunate, now takes his degree in a medical school.

The diet, dress, and domestic arrangements of a nation, that pretends to be civilized, are now moulded by the "faculty." We are sorry to add, also, that this is done for the people, as Byron said Washington defended the revolting colonies—*gratis*. The people appear to think that they have, in reference to the *true* medical man, certain "inalienable rights" which involve the time, labor and pockets of the physician. About the discrimination of *oi polloi*, in giving their money to quacks,

and their love and confidence to the faculty, we were about to speak—but *verbum sat*.

The subject of our present sketch is a true specimen of the genus "doctor" of the nineteenth century; self-sacrificing, conscientious, laborious—loving his fellow men *more than his own ease*, and endued at once with learning, morality and humility. The Coventry family, as the name imports, was of English origin. Dr. C.'s paternal grandfather, Capt. George Coventry, came to this country with the British army, during what is usually termed the "French war." On the cessation of hostilities, he returned to England, sold his commission, and purchased an estate at Finchill, near Hamilton, Scotland. The father of Prof. C. was born at this place in 1766. Losing his father while quite young, Mr. Coventry was left to select his own profession, and chose that of medicine. He studied at Hamilton, and attended the medical lectures at Glasgow in 1783-4, and at Edinburgh in 1784-5. In September, 1785, he came to this country to look after some property left him by his father. He was married in 1787, to Elizabeth, daughter of Captain Jno. Butler, of Branford, Con. He settled at Utica (then Fort Schuyler), N. Y., in 1796, where he continued to reside until the time of his death, in 1831.

He was a frequent contributor to the medical and agricultural periodicals of the day; was elected President of the State Medical Society, and in 1826 made corresponding member of the Linnæan Society of Paris. Prof. C. was the fourth son, and was born at Deerfield, near the present site of Utica, in 1801. He attended the English and classical schools at Utica, and studied medicine under the direction of his father. He followed the lectures of the College of Physicians and Surgeons of Western New York, in 1822, '23, '24 and '25, and graduated in the spring of 1835. Having returned home, he commenced the practice of his profession in conjunction with his father. His *thesis*, on the subject of purulent ophthalmia, was published in the New York Medical Journal. This disease had just appeared in that section of the country for the first time, and was new to the profession. In 1828, he was appointed lecturer on Materia Medica in the Berkshire Medical School, Pittsfield, Mass.; and in the following year, the chair of Obstetrics was added to that of Materia Medica. He remained connected with this school until 1832, when, on account of the death of his father, it became necessary to resign his connection with the school, to attend to the duties of an extensive practice. In the summer of 1832, he was appointed by the Common Council of Utica to visit Albany and New York city, to make inquiries into the nature, causes and treatment of Asiatic cholera, which then raged in those places. In his report, which was published, he urged the importance of separating the well, rather than the sick, from those buildings and locations where the disease appeared. This practice has since been very generally adopted, and has tended much to lessen the mortality from the disease. At that time he expressed the opinion, which much subsequent experience has not induced him to change, that the disease was *not contagious*, in the strict sense of the term.

In the spring of 1829, he was united in marriage to the eldest daugh-

ter of Judge Butler, of Columbia county, N. Y. Eight children have been the fruits of this marriage, of whom, two sons and four daughters still survive.

In 1833, he was elected President of the Kappa Alpha Phi Society, connected with the medical college at Fairfield, N. Y. In a discourse before the Society on the subject of Tubercular Phthisis, he maintained the position that it was a disease of debility, and consequently that the treatment should be generally tonic and invigorating, in opposition to the then practice of bleeding, emetics, close rooms, &c. In Philadelphia, the same doctrine, we well remember, was eloquently taught and illustrated by the late Dr. Joseph Parrish, whose lack of literary acquirements was as great a loss to the profession, as were the same defects in Dr. Physick. The address of Dr. C. was subsequently published in a Medical Journal in New York.

On the organization of the medical department of the Geneva College, he was strongly solicited to accept an appointment in that Institution. He finally consented, on condition that Prof. Parker, now of New York city, would take the chair of Anatomy. He received the appointment of Prof. of Materia Medica and Obstetrics, and continued to lecture on the two branches until 1840, when the School was re-organized, and, at his own solicitation, the subject of Medical Jurisprudence was substituted for Materia Medica. He continues to lecture on these two subjects, in this college, to the present writing. The class of this school has reached the neighborhood of 200 pupils.

In 1845, a charter was obtained for the University of Buffalo, and the Council determined to organize the medical department. Dr. C. received the appointment to the Chair of Physiology and Medical Jurisprudence, which he has continued to fill until the present year. He has lately resigned, and accepted the title of Emeritus Professor, &c.

In 1834, Dr. C. introduced a series of resolutions before the Medical Society of the County of Oneida, which were unanimously adopted, urging upon the Legislature and the community, the necessity and duty of establishing a *State Lunatic Asylum*, as being "called for by every dictate of policy, humanity and justice;" pledging the exertions of the Society, and instructing their delegate to bring the subject before the State Society. Dr. C. has good reason to believe that his endeavors to draw the attention of the State Society and the profession to the matter, exerted no small influence in securing the erection of the State Asylum—a proud monument to the benevolence of the originators, and to the munificent contributions of the State. Dr. C. was very properly appointed one of the Board of Trustees, and of a Committee to organize the institution. The report was submitted to the Legislature, and subsequently adopted. His connection with the Institution, in the character of trustee and manager, was continued by different appointments, until two years ago, when he resigned his connection. We cannot help remarking here, that having labored so long in the establishment of this noble Institution, it appears to us that mere courtesy should have induced the managers to have elected Dr. C. to the office of Medical Superintendent. He who could design, and so successfully carry out the design from the beginning,



would have been the best man to have charge of the treatment of the insane. He had, indeed, already served in this capacity. Dr. C., however, makes no complaint himself of this matter; it is his friends that think hard of it.

In 1845, on the threatened approach of the cholera a second time, he was appointed by the faculties of the Geneva and Buffalo colleges, to visit Europe and investigate the character of the disease. His report was published in the Buffalo Medical Journal, and subsequently in the form of a volume.

In 1840, he delivered, as President of the Oneida Medical Society, an address, which was afterwards published in the Buffalo Medical Journal. Another on "Stomatitis Materna," with numerous essays in the Journal of Insanity, and other Medical Journals, introductory and valedictory in the schools in which he teaches, are, with some very good biographical sketches, especially one of Dr. Brigham, among his literary contributions to our science.

A life thus spent in honorable toil is its own reward; and such examples cannot too frequently be held up to the neophyte in medicine for his imitation and emulation.

CATO.

#### VENDERS OF NOSTRUMS AND PATENT MEDICINES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I am much pleased with some of the remarks in your number for the 10th inst., in regard to the firm of Pond & Morse, druggists of Rutland, in this State. You remark truly, that the "profession of druggist and apothecary embraced the sale of *every* and *any* kind of villainous mixture that a speculator chose to represent as a specific article for some physical affliction." To all this I would cordially agree, and also add, that many, of the country at least, are not content with selling these "villainous mixtures," when they are called for, but will endorse with apparent honesty and sincerity *their* knowledge of the truth of certificates and recommendations, which they *must* know to be false and unfounded.

For myself, I am free to acknowledge that I can no more excuse or exonerate the man who sells poisons or injurious mixtures to the sick and the suffering, at the risk of increasing pain, prolonging sickness, and causing death, under the name of "*balsams*" or "*syrups*," than I could if these same hurtful articles were sold without the disguise of a name, or the imposition of a recommendation. I do not believe that *old use* and *custom* will much longer answer as an excuse for the business of nostrum-vending, or that those who engage in it can say that "they cannot reason upon the probable effect of the sale of every article of traffic under the daily pressure of their complex business." It is true that many *do* have, or *pretend* to have, some of everything that their customers call for, be it *sarsaparilla* made of *molasses* and *corrosive sublimate*, "*bears' grease* from Cincinnati hogs," or *oil of Cedar* as a *monthly regulator* for unfortunate females; yet for one, I do not feel like justifying or ex-

cusing such a course of procedure, and am highly pleased that Messrs. Pond & Morse, of Rutland, have decided to commence business on a more safe and honorable plan; thus affording an opportunity for the physicians in that part of the State to procure *pure drugs* (which, by the way, are *rare articles* in this region) without indirectly acting against their own interests and the well-being of the community, by buying of those who sell anything, except the pure article, that will yield them a profit.

Every observant physician has seen the evil he and the people are daily suffering under the present course of management, and must feel it to be his *duty*, as well as for his interest, to do all in his power in bringing about the much-needed reformation.

Please ask "H—Tims," of Boston, to extend his remarks. He has commenced on the right track, and should "go a-head."

Respectfully, Yours,

Waterbury, Vt., Sept. 10, 1851.

C. H. CLEVELAND.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 24, 1851.

*Electropathy.*—This is an age of great words, intended sometimes to express great things, but even in these wise times there is such a thing as sound without substance. We believe it possible to treat many diseases by electricity, but not all. Now it is one of the egregious mistakes which medical pretenders fall into, or one of the deceptions which they practise, to profess to cure all maladies with a single article, or by one single process. A very little experience would be sufficient to open the eyes of a very stupid fellow to the fact, that there are no specifics, or, rather, no universal medicines; and when convinced of this, all their after practice is downright imposition and hypocrisy combined. It is not our intension to have controversies with any of these one-idea adventurers, because the people are prone to go with the persecuted; and the mere calling in question the assertions and crude theories of bold, brassy speculators in health, is by many called persecution. We would much prefer to put them in the centre of a choice library, and trust to their innate powers of discrimination for a radical conversion from the evil of their ways. It is curious how readily individuals sometimes change their minds, if left under rightly-directed influences; but the attempt to drive a man from his errors in philosophy, religion or medicine, causes him to resist; he calls it aggression upon his rights, upon the principles of civil liberty and common sense, and remains as firm as a post in his errors.

We were led to these reflections by very natural agencies, viz., the ridiculous whim that prevails in New England, inducing people to take *electrified medicines!* Electric pills, electric plasters, and, for aught we know to the contrary, electric fiddlesticks, may be had, all of which are represented to be infallible in the subduction of aches, pains, and the penalties of violated physiological laws. These have followed tomato pills, and a variety of other popular nostrums, and are really fashionable. It

was an anomaly in rational, every-day life, that any one should dine heartily, and among other vegetables eat freely of buttered tomatoes, and then take a tomato pill, that had not even the odor or a grain of tomato in it, to "relieve flatulency," and be carried away with the consoling idea that tomato pills were the great levers for removing physical suffering from the world! It is precisely so with the new medicines charged with electricity.

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*Laws of Health.*—If it is settled, beyond controversy, that the true laws of health have been discovered, it will be a happy circumstance for all mankind. There are more expounders of the constitutional laws of health, than are profitable, since the teachings of one generally unsettle those of another. It is a subject in which the ignorant dabble more frequently than the learned, simply because the latter apprehend its greatness, while the former, like a man running in the dark, sees but dimly. We of New England have had more "drillings" than any other people on the globe, it is presumed, in regard to maintaining health. Popular physiologists harp upon it till school children loathe the sound. Old and young listen, believe and tremble, but return home and pursue the even tenor of their ways, and die as their fathers did. We want a real knowledge of the laws, and less theory.

These thoughts obtruded themselves while looking through a treatise on the "*Laws of Health in relation to Mind and Body, in a Series of Letters from an old Practitioner to a Patient*," by Lionel John Beal, &c., republished by Lea & Blanchard, Philadelphia. The author has a pleasant conversational style, and without effort conveys the essence of years of reading and experience. There is nothing particularly new suggested, but the whole is properly garnered, arranged, and agreeably presented. He doubtless both amused and instructed some old gouty lord, since no pauper patient would have received such extraordinary literary attentions, in the benefits of which, however, all who read the English language may participate. While it is a book for the physician, it is also fitted to the meridian of all classes of persons. We are all alike interested in understanding the opinions of experienced, disciplined, discriminating minds on points which equally concern the physical welfare of every member of the human family; hence this volume should be circulated, that the principles it inculcates may be widely spread and bear fruit a thousand fold.

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*Medical Controversy at the West.*—An absence bordering upon a second year from the country, was long enough for the transaction of events that are still new to us, though old and well understood by those who remained at home and kept pace with the times. A pamphlet of forty pages, purporting to be an extra of the *Western Journal of Medicine and Surgery*, was received last week, and containing an extra within itself, headed "*The Spent Bullitt.*" It is either extremely difficult for us to find the exact focus of wit in these productions, or there is none in them. If a great wrong is to be set right, or something right has been made to appear wrong, explanations and arguments are justifiable; but as a wound cannot be healed by the perpetual application of rubefacients, so neither can an irritable mind be calmed by unceasing volleys of vituperation. We have found it an excellent plan, through life, when wronged, misrepre-



sented or even insulted, to bear and forbear, repugnant as it is to the instincts of humanity. Soft words, more frequently than hard ones, turn away anger, and the individual who trenches upon the professional reputation, personal character or civil privileges of another, will be found to be the greatest sufferer in the end. Public sentiment, the severest and most inflexible tribunal known to civilization, seldom fails to weigh beligerent parties in a balance, proclaim the truth, and vindicate the oppressed. It is better that an individual suffer temporarily in feeling, than be killed by the premature explosion of a battery raised to destroy his enemy.

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*Hygiene and Vital Statistics.*—We are happy to learn that the manuscript work of the late Dr. Samuel Forry, of New York, entitled "*Vital Statistics; the Development of Man's Faculties and the Laws of his Mortality and Reproduction, viewed in their relations to Hygiology, or State Medicine,*" is about to be published, under the supervision of Professor Charles A. Lee, to whom it was left for this purpose, by the lamented author. It will be accompanied by a memoir of the author, and notes, forming an octavo volume of over 400 pages, at \$2 50. The work will be put to press in January, and ready for delivery early in the spring of 1852. Subscription papers will soon be issued and left at the principal bookstores. We hope the profession, and all others who are interested in the advancement of useful science and the sanitary movements of the age, will aid by their subscription.

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*Institution for the Blind in Boston.*—Among the institutions for ameliorating the hardships and misfortunes of humanity in our metropolis, the asylum for the instruction of the blind stands high. The Superintendent always gives a good annual report; but the omission, the present year, of accounts of the progress of the well-known Laura Bridgman, is like playing Hamlet by omitting the principal character. We are all desirous of knowing what further knowledge she has attained through the ends of her fingers, the only avenue she has to the external world.

An average of 100 inmates was at the institution the past year. Some of them work at mechanical pursuits; others learn music, and all are truly industrious. The product of their industry is no small sum. We know of no better managed institution for the blind in Europe, than this. Being under the patronage of the Commonwealth, and having the cordial good will and influence of all good men and women in the State, there are no assignable limits to the sphere of its happy influence during centuries to come.

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*Transactions of the American Medical Association.*—The following notice, from the Virginia "Stethoscope," respecting the first volumes of these Transactions, is worthy the attention of the profession in every part of the country. It may be added, as we learn from another source, that funds are needed in the treasury of the Association to complete the forthcoming volume, the plates of which are to be expensive.

"We are authorized to state that a large number of the three volumes of these transactions which have been issued still remains on hand, and that permanent members, or members of bodies which have been represented in the Association, can obtain the full series by transmitting \$4, or

\$1 50 for any odd volume, to Dr. Isaac Hays, treasurer of the Association. Hereafter these volumes will be of very great value, as they will be composed of papers containing the researches and experience of the most distinguished men of the country, on special subjects confided to them, and they ought to be found in every library as a standard work on American medicine. We would caution persons now to take the full series, lest when they may want them hereafter the first volumes be out of print. The forthcoming volume, or Transactions for 1851, is now at press, and when ready, will be furnished at \$5 for three copies, as usual."

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*The late William Ingalls, M.D.*—When the death of this gentleman was announced, we felt that it was due to his memory that some biographical sketch should be prepared, by which those of the present day may know how those who are passing away, full of years and honors, rose into distinction. Not every physician and surgeon, who is eminent above the multitude, was born to an inheritance of fortune, or had a reputation made for him by his family, as a tailor fits a coat. If we knew the early and minute circumstances in the lives of many of these lights in science, the true benefactors of the race—men who were the servant of servants, and passed days and nights with the afflicted and dying, but who attained a great name—it would be found, in a majority of instances, that they struggled with poverty and contended with envy, yet finally overcame all obstacles by the force of superior genius. Dr. Ingalls was hardly known to the present generation of young practitioners of Boston; but there are those who remember him in the vigor of his days and usefulness. Whoever will oblige us with a sketch of his early life, and an analysis of his character, will confer a favor. The pupils of Dr. Ingalls are every where, and some one of them should feel an ambition to draw a biographical sketch of him, while the subject is fresh in their memories.

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*The Empire Spring at Saratoga.*—The analysis of this newly-discovered spring, by Prof. Emmons, together with some medical opinions on its properties, have been received, and will be examined with care. Our medical practitioners should have it in their power to direct patients where to go when laboring under affections for which Saratoga offers a remedy. Dr. North has been indefatigable in rousing the medical public to the capabilities of the Saratoga waters. The proprietors of the springs there ought to give him a pension for services that are enriching them and the hotel keepers.

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*The New York Register of Medicine and Pharmacy.*—The publication of this work is to cease with the number issued on the 15th of this month, which contains the valedictory of its editor, Dr. Griswold. It has been published one year, and is discontinued for want of pecuniary support. This work may be considered as an experiment of the introduction of the cheap system into periodical medical literature—its price to country subscribers having been \$1 a year. However admirably this plan may work with papers devoted to news and literature in general, it seems poorly adapted to publications intended for one class of the community only, especially if that class do not pretty generally harmonize respecting matters and things pertaining to their interests. We are sorry the editor of the

Register could not have made his exit more at peace with *all* his brethren. He has for many months been at variance with his contemporary, the editor of the New York Medical Gazette, and in this his last number he has devoted one whole page to the warfare, which in its close, as here exhibited, seems marked by little else than the harsher and more vindictive attributes of war in general. With the exception of the matter now alluded to, the Register has been well conducted, and its appearance has been creditable to all concerned in its publication. It is stated that a new semi-monthly Journal, called "The Medical Times," is to be commenced in New York next month, and Dr. Griswold intimates that he is to be in some way connected with it.

*The late Dr. Knowlton.*—The conclusion of the interesting autobiography of Dr. Knowlton, late of Ashfield, is given in to-day's Journal. It details instances of early hardship and perseverance, which have few if any equals in medical history. It is hoped that Dr. Tabor, who is so well qualified to finish the memoir, will soon relieve the anxiety of readers by carrying the sketch forward, from the critical situation in which it now leaves Dr. K., to that "tide" in his affairs which led on to the prosperity and eminence finally attained by him. Many of our subscribers will remember papers, of much practical value, communicated to former volumes of this Journal by Dr. Knowlton. In the first number of volume 27, is one on spermatorrhœa, or "gonorrhœa dormientium," in which a more rational view is taken of the causes and treatment of this affection, than we remember to have seen in any other article on the subject. Volume 28 has a report from him of a case of "abscess of the lungs," and volume 29 one of "scirrhus of the pancreas." In volume 30 is a valuable practical paper by him on "erysipelas and puerperal fever," and also an interesting case of "lumbar abscess;" in volume 32, one on "the autumnal fevers of New England;" and in volume 34, an interesting lecture on "Thomsonism," delivered before a popular assembly.

*Invigorating Cordial.*—A gentleman in the city of Lowell inquires whether a certain recommendation of a quack medicine, with the above name, purporting to be from this Journal, is genuine. We answer that it is a shameful imposition, injurious to us, and the exposure should make it doubly so to the proprietor of the miserable stuff. It astonishes us to find that there is such impudence in the world, but it is still more astonishing that there are fools enough in the country to buy that or any similar quack preparation.

TO CORRESPONDENTS.—Dr. Colby's remarks on "Incisions of the Scalp in Epilepsy," have been received.

MARRIED,—Edwin Webster, M.D., of Plymouth, Mass., to Miss H. W. Learned.

*Deaths in Boston*—for the week ending Saturday noon, Sept. 20th. 89.—Males, 47—females, 42. Disease of bowels, 13—inflammation of bowels, 1—disease of bladder, 1—disease of brain, 1—congestion of brain, 1—consumption, 10—convulsions, 3—cholera infantum, 3—cholera morbus, 2—canker, 1—cancer, 1—croup, 2—dysentery, 4—diarrhœa, 4—dropsy of brain, 4—fever, 2—typhus fever, 1—typhoid fever, 5—lung fever, 2—hooping cough, 1—disease of the heart, 2—infantile, 13—disease of liver, 1—marasmus, 4—measles, 1—palsy, 1—puerperal, 1—teething, 4.

Under 5 years, 51—between 5 and 20 years, 13—between 20 and 40 years, 15—between 40 and 60 years, 6—over 60 years, 4. Americans, 38; foreigners and children of foreigners, 51.

The above includes 6 deaths at the City Institutions.



**MASSACHUSETTS MEDICAL COLLEGE.**—The Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November, and continue four months.

Obstetrics and Medical Jurisprudence, by **WALTER CHANNING, M.D.**

Materia Medica and Clinical Medicine, by **JACOB BIGELOW, M.D.**

Theory and Practice of Medicine, by **JOHN WARE, M.D.**

Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**

Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**

Principles and Operations of Surgery, by **HENRY J. BIGELOW, M.D.**

Chemistry, by **J. P. COOKE, A. M.**

Clinical Lectures are delivered at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization, a discovery first made in Boston, and matured and established in the Massachusetts General Hospital, is practically taught in this school.

Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$5,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

The professors of Pathological Anatomy, of Surgery, and of Chemistry, are now pursuing their medical inquiries in Europe, and are expected to return in season to be present at the opening of the coming course.

Fees for the whole course, \$80. Matriculation, \$3. Dissecting Ticket, \$5. Graduation, \$20. Hospital and Library gratuitous.

June 11.—eptL

**DENTAL REMOVAL.**—Dr. J. H. SMILE, having removed to No. 51-2 Tremont Row, is now prepared to perform every operation in Dentistry required for the health and preservation of the Teeth, and trusts that his former success will insure a continuance of public patronage.

Opp. the head of Brattle st. Boston. jy16—3m

**PURE COD LIVER OIL**, carefully prepared only from fresh and healthy livers, by Joseph Burnett, Apothecary, No. 33 Tremont Row, Boston.

Dr. J. C. B. Williams, an eminent English physician, after prescribing it in 400 cases of consumption (in 234 of which he preserved full notes), states in the London Journal of Medicine—"As the result of experience, confirmed by a rational consideration of its mode of action, the *pure fresh* oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regimenal, that has yet been employed."

June 18—tf.

**CHIRRETTA**—A new Anti-periodic, just received by **PHILBRICK, CARPENTER & CO.**, 160 Washington street, Boston. aug 6

**ELIXIR OF OPIUM**—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called McMur's Elixir. This is a preparation of Opium without Narcotine, and the strength is the same as Tinct. Opi. Manufactured by

**PHILBRICK, CARPENTER & CO.**

Successors to **PHILBRICK & TRAFTON, Chemists.** July 23.

**SARATOGA POWDERS**—or Rochelle, Sodilitz, and Soda Powders, one package equal to six boxes of the above—price 75 cents. These will be found a great convenience to travellers, persons residing in the country, invalids, and to all deprived of a soda fountain. Put up and sold by **J. RUSSELL SPALDING**, 23 Tremont Row, opposite Boston Museum. April 30—tf

**MATICO.**—A fresh supply just received and for sale by **JOSEPH BURNETT**, No. 33 Tremont Row. Mch 17—tf

**VACCINE VIRUS.**—Physicians in my section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 5.

**NEW YORK MEDICAL COLLEGE.**—The next annual Course of Lectures in the New York Medical College, will commence on Monday, the 20th of October, 1851, and continue five months.

**HORACE GREEN, M.D.**, President of the Faculty, and Prof. of the Theory and Practice of Medicine.

**JOHN H. WHITTAKER, M.D.**, Prof. of General, Descriptive and Surgical Anatomy.

**EDWIN HAMILTON DAVIS, M.D.**, Prof. of Materia Medica and Therapeutics.

**B. FORDYCE BARKER, M.D.**, Prof. of Midwifery and Diseases of Women and Children.

**R. OGDEN DOREMUS, M.D.**, Prof. of Chemistry.

**JOHN MURRAY CARNOCHAN, M.D.**, Prof. of the Principles and Operations of Surgery with Surgical Pathology.

**EDMUND R. PEASLEE, M.D.**, Prof. of Physiology, Pathology, and Microscopy.

**JOHN GALLAGHER, M.D.**, Demonstrator of Anatomy.

**A. M. EISENLORD, M.D.**, and **WM. B. THOMPSON, M.D.**, Prosectors to the Professor of Surgery.

A preliminary Course of Lectures will commence on Monday the 6th of October, and continue until the commencement of the Regular Course. On the Pathology and Diagnosis of the Diseases of the Reproductive Organs of Females, by **B. F. Barker, M.D.** On Toxicological Chemistry, by **R. O. Doremus, M.D.** On the Surgical Operations of the Eye, by **J. M. Carnochan, M.D.** On Dental Pathology and Dental Surgery, by **C. C. Allen, M.D.**

The Preliminary Course will be free to all medical students and medical men. The dissecting rooms will be opened at the beginning of this Course.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course, \$105. For the final examination, \$30.

The candidate for graduation must be of the age of 21 years. He must have studied medicine under a respectable practitioner for three years. He must have attended two full Courses of Lectures, of which one must have been in this College, and he must present to the Faculty a thesis, in his own hand-writing, on some Medical or Surgical subject.

By the charter of the Institution a Graduate of this School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

**R. OGDEN DOREMUS,**  
Dean of the Faculty.

New York Medical College,  
East Thirteenth st., near Broadway. } al3—eptN1

**NEW UTERINE SUPPORTER**—Invented by **Dr. ROBINSON**, and far superior to his Improved Pessary—not liable to break nor corrode—small, worn with ease, can be applied by the patient, and answering all purposes, *where mechanical support is needed*. It has been examined, approved and used by many physicians. All are invited to call and examine it.

Sold only by **Dr. J. H. ROBINSON**, wholesale and retail, at No. 4 Montgomery Place, Boston.

Jan. 22—eplry

**GENUINE MUSK** in pod; True Russian Castor; Scaumony; Gen. Burgundy Pitch; French Iodine; German Quinine, Iodide Potasse; Sugar of Lead, chemically pure; English Croton Oil. Just received by **PHILBRICK, CARPENTER & CO.**, 160 Washington street, Boston. aug 6

**MEDICAL PRESCRIPTIONS**—Compounded day and night by **PHILBRICK, CARPENTER & CO.**, Dispensers, 160 Washington street, Boston. jy16

**NITRATE OF SILVER** in crystals, manufactured and sold by **PHILBRICK & TRAFTON**, Chemists and Druggists, 160 Washington st., Boston. Feb. 12.

**PROTEIN**—Sold by **PHILBRICK & TRAFTON**. Oct. 16.

**SATURATED TINCTURE OF ENGLISH ACONITE ROOT.** Sold by **PHILBRICK & TRAFTON**. Nov. 31.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL

VOL. XLV.

WEDNESDAY, OCTOBER 1, 1851.

No. 9.

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 55.]

THUS far I have cursorily alluded to some of the manifestations of mental influence in the form of those ordinary diseases which are daily subjected to our attention ; and in so doing I have sought to refer the agency to that animal electricity which (as I have observed) so many physicians and philosophers consider the most plausible explanation. A careful contemplation of the phenomena can, in my opinion, bring us to no other satisfactory conclusion ; and the more closely they are analyzed, and the more attentively examined, the stronger is the corroboration. But—

*“ Est quodam prodire tenus, si non datur ultra.”*

There is a boundary which we cannot pass, and there are secrets in nature, hidden from our eyes, which can probably never be revealed. The material organ of the mind is within our grasp—albeit, its subtle essence still eludes it ; as the mariner can shift his sails and shape his course through the deep, but cannot control or command the winds that waft him through it ! The human mind, even in its highest state of culture, is inadequate to the attainment of many mysteries ; but light from Heaven, which has shone on many scenes of former doubt and darkness, may yet conduct the diligent inquirer to truths such as the human intellect has never hitherto attained.

We have taken a glance of the power of the mind in producing disease, and even death, and we have yet much before us as we advance. It may not, however, be irrelevant to direct our transient attention to its powers, and also to its condition, apart from disease, viz., in a state of Sleep, a state in which the external senses and the voluntary motions are lulled into insensibility and temporary quiescence, whilst the involuntary motions are carried on with steadiness, though perhaps with some relaxation of their activity. Here, in other words, the functions of the brain are comparatively suspended, whilst those of the ganglionic system (though sharing a portion of the insensibility of the brain from mutual connection) enjoy, with modified change, their own inherent power. When the activity of the brain and nervous system has been exhausted (as occurs every twenty-four hours under the ordinary circumstances of



existence), or when a greater demand than usual has been made upon them by excess in mental or muscular exertion, or by any other cause tending to expand their inherent excitability, this well-known miniature of death ensues ; it is, in fact, a most salutary provision of nature for the restoration of that *vis vitæ* which would otherwise quickly be expended altogether. During sleep the process of nutrition is also carried on more perfectly, and with increased activity ; and this is in some measure proved by the increase of corpulence, and general deposition of adipose substance, in those who indulge unnecessarily in it. This is humorously instanced in the fat boy in "Pickwick" ! Every farmer knows that, where sleep is perfectly sound, and the mind as well as the body is in deep repose, *both* rest from their labors, and regain their strength ; and so imperious is the demand where either mind or body have been *entirely* exhausted, that neither silence nor darkness, nor uneasy posture—nay, not even (as history can establish) the close approach of the hour of a public execution, can sometimes avert it. The fatigue of the body is, however, more inducive of it than fatigue of mind ; for a close attention to literary labor frequently generates an irritability which prevents it ; whereas in Captain Barclay's celebrated match of walking 1000 miles in 1000 consecutive hours, he was not only fast asleep (especially in the latter part of his task) the *moment* he sat down after completing his mile, but it was with the greatest difficulty that he could be aroused at the proper time for accomplishing another—so powerful a sedative is exhaustion.

After a certain time, however, which is when the mental energies are recruited, the sleep becomes less deep, the waking fancy begins to work, and those inexplicable monsters of the mind called dreams arise. They are the interludes between sleeping and waking—where imagination is busy whilst reason is prostrate and sensation is torpid, and where, consequently, the altered balance of nervous power distorts the action of the brain, not unfrequently generating intellectual abortions of hideous and incongruous formations. This is painfully exemplified in what is well known by the name of *nightmare*, where, under that abolition of voluntary power, a painful desire to exert the voluntary muscles arises—although, as soon as those voluntary muscles regain their power, the phantom vanishes. This is consequent for the most part on cerebral irritation communicated by the gastric nerves during a paroxysm of dyspepsia.

Now it is the aggravated state of cerebral irritation attendant on fever which constitutes delirium. Delirium is literally nothing more than a protracted dream during a state of disease ; and as dreams generally consist of the revival of old associations respecting past events, or of new ones consequent on recent occurrences, which the intellectual powers are too much disordered to arrange, a confused mass of ideas is presented, and expressed aloud. Delirium, therefore, is a state of thinking, without the person being able to control the association of ideas, or correct his thoughts by external objects ; sometimes they would appear to be prophetic, and their influence over the mind even fatal ! A case illustrative of the power of dreaming is well authenticated in a lady, the daughter of Sir Charles Lee, who stated that one night, when she was



in bed, a little old woman came, undrew her curtains, and said—"I am your mother, and to-morrow, by 12 o'clock, you will be with me!" The young lady arose, wrote a letter to her father, sealed it with black wax, and by 12 o'clock on the following day was dead—so strong was the impression on her mind. There is an inscription on her tomb in confirmation of this extraordinary effect of the mind on the body, even during sleep. Many deaths have been predicted in dreams, and been verified; numbers in lottery tickets have been whispered in a dream, and been drawn prizes! and some useful admonitions have been communicated—for which, "search the scriptures."

Yet, although this is the ordinary state which constitutes dreaming, there is another state of sleep, named somnambulism, in which the bodily functions are more under the control of the will than what usually constitutes dreaming, so that the individual *acts* under the influence of his conceptions. Here, while the senses are obscured, and all other objects are unperceived, the somnambulist manifests a faculty of seeing, feeling, and of discovering the object of which he is in pursuit; for he walks, and frequently over dangerous places, in perfect safety, and performs many of the common offices of life, and can occasionally hold conversation. The brain would fain appear to be secreting ideas under the influence of sleep, and telegraphing their fulfilment to the obedient muscles of volition. Many and ludicrous are the instances recorded by medical authors; nor has the dramatist let pass the opportunity of amusing the public by the representation of these vagaries of Morpheus—"La Somnambula," to wit. I could relate many; I will only, however, adduce *one*, which came under my observation in a young lady of sanguine temperament and high nervous irritability, and who was under my care. She was a person of highly cultivated mind, and devoted herself very closely to the acquisition of knowledge, which was very probably conducive to the irritation. After having been in bed and asleep for two or three hours, she would gradually arise, put on her dressing-gown, go down stairs, walk about the drawing-room, sometimes balance herself like a rope-dancer on the back of the sofa as she walked from one end of it to the other; then go into the dining-room, open the cellarette, help herself to a glass of wine, afterwards return to her bedroom, plunge her face into a basin of water, and get into bed again. When spoken to, she would mutter an indistinct answer. In the morning she was perfectly unconscious of her midnight ramble, and only complained of slight headache, but not enough to interfere with her daily occupations.

It is difficult to explain these extraordinary occurrences satisfactorily or pathologically.

The functions of the brain and medulla spinalis are separate—sleep is undoubtedly an affection of the brain; and where the brain is *much* oppressed, constituting *coma*, its functions are entirely suspended—in sleep only partially so. Yet the spinal functions continue in office; and though in a protracted state of coma, not only they would shortly be suspended, but life itself, they are so little affected during sleep that the

voluntary muscles have a liberty of action ; and somnambulism is equally a result and a proof of this. When the functions of the brain are *entirely* rested, and sleep, exempt from visionary interludes, is dispelled by nature being restored, it is then, perhaps, that the intellect is most clear, the judgment most perfect, the perception most acute, the sensibilities most refined. Thus, "The first moment of waking has been defined—that moment of horror to the unhappy, when, amidst returning perceptions, increased in acuteness by the refreshment of repose, a sense of misery suddenly darts its sting into the heart, and renews with tenfold vigor its suspended anguish." This is the time when so many victims of mental emotion rush headlong into eternity ; and, could many of those unhappy beings who have been found dead in the morning be restored, I have no doubt that they would substantiate my conviction. They try to sleep again, but they invoke the drowsy god in vain :—

"He, like the world, his ready visit pays  
Where fortune smiles : the wretched he forsakes ;  
Swift on his downy pinion flies from woe,  
And lights on lids unsullied with a tear."

Could they but sleep again—could sleep but be induced by narcotics—their melancholy exit had been averted ; but, aroused by nature from that sweet oblivion in which all their cares and troubles were just now shrouded and at rest, the sad reality of their condition is more acutely felt than when mingling with those who carry on the world, and whilst they were comparatively abstracted from themselves by the passing objects around them. The intensity of feeling predominates over every other consideration in that solitary hour, and, getting an unfortunate ascendancy over their better judgment, precipitates them into the abyss which alone appears to promise them a refuge from all sublunary difficulties and anxieties. "In some people [observes Dr. Burrows] the more soundly they sleep, when they awake, have all their hallucinations more vivid, and resume all their violence." That the ganglionic system is distinct from the brain is further demonstrable by experiment ; for convulsions of the most violent character occur after decapitation, and can be called into action by galvanism long after the manifestations of life have ceased. Again, the spinal functions may be entirely arrested, as in paraplegia, and yet the operations of the brain remain unaffected. For example, I was requested to see a man in my neighborhood who had fallen from a tree on his back, and fractured the dorsal vertebræ. Entire anæsthesia of the lower extremities ensued, as well as all possibility of moving them ; yet his intellect remained unimpaired till a few hours before his death, which did not occur till six weeks after the accident. Many such cases are recorded. All these effects—the classification of nerves, their distinct offices or functions, together with their pathology—are most lucidly expounded in Dr. Marshall Hall's Lectures on the Nervous System ; but, as this subject is independent of the operation of *mind* on matter, it may be somewhat irrelevant to enlarge on it on this occasion. Where *mental* shocks are productive of spasmodic affections (of the which they are a fertile source) it is through the action of the brain on the excitomotory nerves. A paroxysm of epilepsy induced by mental excitement

is strongly illustrative of this; and sudden alarm or a burst of anger is a most frequent cause. “*Parmi les causes excitantes de l’épilepsie la frayeur tient tout à coup sur le premier rang. La colère, et un chagrin profond, paraissent (après la frayeur) tenir le premier rang parmi les causes de l’épilepsie.*” It is produced by depressing as well as by exciting passions. When there is a predisposition to epilepsy, a cause of either kind, be it productive of excessive or of defective action, may interrupt the equable transmission of the sensorial power, and thus occasion a fit: and hence it is desirable to retain every patient, who is subject to epilepsy, in a state equally distant from plethora as from undue emptiness of the cerebral vessels. In epilepsy both the cerebral and spinal systems are equally affected, as is demonstrated by the temporary stupor and insensibility in combination with the violent convulsions of the whole frame. The frequent occurrence of an epileptic fit during sleep evinces that it is referable to venous congestion in the brain; and the termination of the fit in stupor and headache, in addition to the effusion of serum, and other morbid appearances, consequent on repeated attacks, proves how deeply the brain is implicated in this distressing disease. The intellectual powers also become impaired, and frequently terminate in idiocy or insanity, dependent on serious organic lesions within the cranium. In other cases no abnormal appearance is discernible. “*Sed et fessi fuerunt summi in arte viri atque in rebus anatomicis peritissimi (to use the words of Van Swieten), quod in cadaveribus hoc morbo defunctorum nihil invenerint sæpè quod culpæ poterant.*” The pathology of this disease is unquestionably involved in much obscurity.

Now, connected with or consequent on epilepsy, it is not uncommon to find apoplexy or palsy. My learned predecessor in this rostrum, Dr. Marshall Hall, classed them, in fact, under one bracket, and supported the theory with his well-known ingenuity and talent. He says—“The patient affected with paroxysmal apoplexy sometimes becomes epileptic; the epileptic, on the other hand, sometimes experiences attacks which gradually assume the more apoplectic character. The fits of apoplexy usually terminate in an apoplectic stupor, and this sometimes in mania.” Sudden emotions (as I stated in the early part of my lecture) have very frequently given rise to apoplexy, owing to the highly-increased arterial action, and the venous compression attendant on it, of which numerous instances are given by Aretæus, Portal, Cheyne and other authors; and, as both these states occur in an epileptic fit, an apoplectic or paralytic seizure may naturally be expected. Paralysis, according to my repeated observation, is more frequently connected with the depressing passions—such as distress of mind from losses, sorrow, frustrated speculations, and other sources of anxiety and disappointment. The nervous energy which had previously subsisted, and carried the projectors through much mental and bodily fatigue, producing increased determination to the brain, with congestion of the sinuses and veins, is succeeded by *exhaustion* of organic nervous power, giving birth, in persons of a gouty diathesis, to an attack of gout—in others, of mature age (and in whom the circulation through the brain is liable to physical imperfection), to a rupture of the minute bloodvessels, and consequent effusion into some part



of the encephalon. The result of such effusion manifests itself variously, according to the seat or to the extent of the lesion that has occurred. It may have occurred in the base of the brain, or in the spinal column, as well as in the meninges or substance of the brain itself. If the effusion in the brain be slight, absorption may take place, attended with entire recovery; or the effusion may increase, and be followed by extension and aggravation of the paralysis, and ultimately by death. But there *can* be *no* doubt that both apoplexy and paralysis are occurring almost daily from intellectual disturbance, and consequent on a deficiency of the due equilibrium of the nervous and vascular systems. Amongst the multitudinous minor instances adducible, another striking instance of the effect of the mind is displayed in the change of the color of the hair, which becomes rapidly grey, or falls off, under the influence of anxiety and grief. The late chaplain of Newgate told me that he has been astonished at the rapidity with which dark-brown or black hair, in young subjects who have fretted after their commitment, has been bleached. A lady of my acquaintance, who experienced great unkindness from her husband soon after marriage, lost every hair, not only from the scalp, but the eye-brows and eye-lashes came off; and her skull, in a few weeks, was as smooth and polished as a billiard-ball.

Other instances of the extraordinary operations of the mind present themselves in the metamorphoses of the fœtus in utero, as is well known and are highly authenticated; and, moreover, powerfully illustrative of the subject of my lecture—in the dispersion of warts by what is termed charming them—the suspension of an ague-fit by impressing the patient's mind with the conviction that it will not recur (be the instrument what it may)—the removal of disease by pretending to a miraculous agency—of the toothache, by invoking the presence of the dentist, &c. &c.

[To be continued.]

## CASE OF PARACENTESIS THORACIS, FOR ABSCESS OF THE LUNGS.

BY S. HOWARD DICKSON, M.D., MECKLENBURGH, TENN.

It not unfrequently happens, in the different departments of science, that the researches of philosophers and students shall continue for some time to throw light upon step after step of the solution of any intricate and undecided question, and then suddenly, just as we begin to look for the conclusion, so important to be determined, all progress in that direction ceases: and it is not until we have almost forgotten that we were expecting such a result, that perhaps, by accident, one other move is made and the end attained.

Let us hope that it may not prove so with the rapidly increasing light now being shed upon the once obscure subject of heterologue deposits. The improvements in that part of physiology which relates to cell-formation, more particularly the established facts that tubercle is broken down or spurious cell, and that it is not so much the mere oil and albumen of the cell, as the vital principle, which is wanting or perverted; and the announcement, by the analyzers of the sun's ray, that any organisms,

either animal or vegetable, deprived of the actinic or chemical influence of that ray, cannot perfect properly the function of nutrition; these and others on the same or allied subjects, seem to point to something definite just on the eve of demonstration or discovery, which shall not only enable us to understand more fully the nature and cause of tubercular degeneration, but also guide us unerringly to some efficient and radical treatment for this class of affections.

But in peering thus curiously into the future, I am losing sight of my original intention, which was to give you a short account of a case which occurred a few years ago, in the practice of an experienced and scientific physician of this place, who is also an intelligent and original thinker. The case and its treatment excited a good deal of attention at the time, and is still remembered by the people as well as by the practitioners of this and the neighboring counties. But to be brief:—

On the 24th of January, 1848, Dr. R. was called to see Mr. P., who lived several miles distant. P. is one of a family, all of whom are of consumptive tendency, himself, perhaps, as strongly predisposed as, if not more so than, any other member of it. Dr. R. remembers the weather as being cold, damp and disagreeable in the highest degree. He found his patient suffering from violent pleuritic pain, with great dyspnoea and high excitement of the pulse. A blister, in connection with certain other remedies, failing to relieve him, after a few days, extensive pustulation by means of tartar emetic ointment was resorted to. A cough, whose violence nothing could allay, and the excessive discharge of tuberculo-purulent matter by expectoration, soon reduced him to the lowest degree of emaciation. With his bones almost protruding from the worn and bed-galled skin, which formed their only covering, his cadaverous countenance was the image of that death which seemed fast approaching.

About this time, the presence of a large vomica, forming quite superficially in the lung, if I may use such an expression, became evident, and led the physician to nurse one of the largest of the pustules immediately over it. When the abscess thus formed was about the size of a walnut, he plunged a lancet into it, and through the orifice thus made, issued such a quantity of purulent matter, that Dr. R. thought it prudent to turn him upon his back, without allowing it all to escape, until he had recovered himself a little.

The establishing of this external opening, was followed by an immediate cessation of the cough, and great palliation of the other distressing symptoms.

There was a slight return of cough, occasionally, during the convalescence, which began and went on steadily from that time. Another vomica seemed to form, and after some uneasy sensations, with a burning and stinging pain, it burst, communicating with the former one, as was shown by the increased discharge and the relief consequent upon it. The discharge gradually lessened, however, and the orifice finally healed at the end of eleven months.

It seems to me especially interesting to notice that, the necessity for coughing being removed, and with it the irritation produced by the cough,

his health and strength began at once to return, in spite of the discharge from his lung; so that he was riding about on horseback for months, and even went several miles to Knoxville, a distance of twelve or fourteen miles, with the orifice still open.

I will make no apology for bringing this case to the notice of the profession, as Dr. R.'s incessant occupation precludes the possibility of his giving a more detailed and complete history of it. The facts I learned not only from the fortunate medical adviser, but from the patient himself, now a hearty, healthy man, who assures me that "no one need die of consumption, who will come to Dr. R. to open his side and let the matter out."

It will be observed, that while the authorities, in recommending paracentesis thoracis for empyema, &c., distinctly except all cases complicated with tubercular disease, the present is an instance of its being successfully resorted to in one of these very excepted cases. The rule is, however, as far as I remember, supported by no cases reported in the books, and seems to have resulted from the theory, that no treatment could subdue the irritative inflammation and ulceration of tubercles.—*Charleston Med. Journal.*

#### REMARKABLE MIGRATIONS OF A PIN AND NEEDLE THROUGH THE BODY OF A YOUNG LADY.

BY NAPOLEON B. ANDERSON, M.D., LOUISVILLE, KY.

ON the 20th of April, 1849, Miss Catharine M——, æt. 19 years, in a fit of laughter accidentally swallowed a large brass pin and a medium sized needle. No pain attended the passage of these bodies into the stomach, nor was any felt until after the expiration of about the third week, at which time a warm, pricking sensation was first felt in the cardiac orifice of the stomach, which position it maintained for the space of three months, when it gradually changed, and seated itself in the lower lobe of the left lung. In this situation it remained for some nine months, without any disturbance to the organ of respiration in which it was felt, with the exception of occasional cough and slight hemoptysis. During this period, the pain gradually moved to the glenoid cavity of the scapula, and was experienced at the insertion of the deltoid muscle, in which situation considerable pain was the result of elevation or rotation of the arm. From this point it moved to the arm pit, when the arm had to be carried horizontally, and no elevation, rotation, adduction or abduction could be performed without excruciating pain; the inner part of the arm turning very black, from the infiltration, I suppose, of blood into the surrounding parts. Pressure upon the parts produced no material change in coloration, nor was there any unusual amount of sensation or numbness in any part of the discolored portion, with the exception of the region in which these foreign bodies were situated. The arm remained in this condition, with no material changes, until December, 1850, when the pain and uneasiness moving from the arm-pit, towards the articulation of the ulna and radius with the humerus, settled in the belly of the bi-



ceps flexor muscle, forming there a dark spot the size of a half dollar, and very sensitive to the touch. An emollient poultice was applied for twenty-four hours, when fluctuation indicated the use of the knife. A quantity of bloody pus was discharged, and the needle and pin were extracted from two different apertures, about half an inch apart. The pin was dark, but the needle was bright, and had undergone no material change. Alteratives were used, and in ten days from the extraction of the bodies, the lady had perfect use of her arm, and has continued to do so ever since. During the period, from the swallowing of these substances until their removal, the constitution was not disturbed in the slightest degree, except the cough and hemoptysis spoken of; and this continued only as long as those articles were passing through the lungs, after which the symptoms disappeared. The lady underwent no treatment during their migration from the mouth to the arm, with the exception of a purge when she first swallowed the articles, and anodyne embrocations afterwards.

These pointed bodies appear to have travelled side by side over the entire route from the mouth to the point at which they were extracted, and must, in their course, have passed through the stomach, diaphragm, lung, pleura, among muscles and bloodvessels, before reaching the parts from which they were extracted. The points of each article presented at the incision made, and must, I suppose, have thus passed the entire distance.—*Western Jour. of Medicine and Surg.*

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF DYSPESIA.

[Continued from page 192, vol. xlv.]

**RHUBARB** is an instance of the happy union, in the same substance, of purgative and tonic properties. It suits almost every case in which purgation is indicated, except that of acute enteritic inflammation. Saline purgatives debilitate, and therefore suit only inflammatory and febrile cases; castor-oil simply evacuates; but rhubarb produces other good effects than merely unloading the bowels: it rarely operates in excess, and, after duly relaxing the intestines, its astringent property seasonably limits the action of its purgative one. It exerts an unequivocal tonic and invigorating effect on the digestive organs, and on the general system. It re-animates languid appetite, has no mean cholagogue properties, and improves sanguification. It is suitable in almost every variety of apyretic dyspeptic derangement.

*Ricinus communis*.—Castor-oil, as we have remarked in the last notice, is a simple purgative. It operates mechanically, if we may call it so, namely, by its oily quality enabling it to elude the muscular grasp of the bowels, and to glide along these; lubricating, in its transit, the internal surface of the intestines, and thus facilitating the passage of the alimentary bolus, or of fecal scybala. It has little or no chemical or physiological action. When our object is absolutely nothing else than

to unload the bowels, without either exciting or depressing *systemically*, castor-oil (next to an aqueous *lavement*) is that which most directly and simply fulfils our wishes.

When castor-oil acts irritatingly or in excess, or utterly fails to act, we have grounds for suspecting some adulteration or other.

By some persons the taste and smell of this oil are not reckoned unpleasant. The writer has had it presented to him as a salad oil in Italy.

*Rumex aquaticus and acetosus*.—The sorrels. It is only on the latter that we propose offering a remark or two. It, as well as the *rumex acetosella*, or field sorrel, abounds in oxalic acid (in the form of the bin-oxalate of potash), tartaric acid, malic acid, tannin, &c. They are therefore carefully to be avoided by all persons of rheumatic or arthritic diathesis; for these acids, besides being absorbed into the circulation, and exasperating, in some peculiar way, the nervous system of persons with the diathesis referred to, seem to interfere with the due elimination of uric acid, leading to local inflammations of the cartilaginous tissues.

*Salvia officinalis*.—It is one of the bold speculations of Liebig, that the use of tea and coffee has been determined by their containing a nitrogenous principle, which renders them an acceptable or necessary substitute to nations who sparingly employ animal food. The theory strikes us as being a very fanciful and a very improbable one. Neither the Chinese nor Arabs are remarkable for a sparing use of animal food. The Chinese, indeed, are gross feeders, and use large quantities of ducks and geese. If infusions of nitrogenous vegetables had been sought, the bean, pea, &c., which abound in nitrogen, would have been selected. It is far more likely that it was the bitter taste and aromatic flavor of tea and coffee, conjointly with mere accident or some superstition or ignorant prepossession, that led two nations alone, among all the nations of the world, to the use of these plants. We will venture to predict that, on further examination, not a few of our indigenous plants will be found to contain identical or allied nitrogenous principles with those now supposed peculiar to tea and coffee, and as solving the singular enigma why the Chinese and Arabs came to employ these. We have an idea that such is probably the case with the article which heads this notice, and that, but for custom and fashion, it and other familiar plants, drank with cream and sweetened with sugar, like tea, would be found to produce equally agreeable and exhilarating effects with the latter, many of the elaborate eulogiums on which obviously rest on imaginary rather than any real grounds.

*Tenesmus*.—This unpleasant affection may have many causes, direct or indirect, such as the passage of acrid, biliary and other secretions, or irritation sympathetically communicated from a diseased bladder or prostate gland. An irritable, sub-inflammatory condition of the colonic mucous membrane, and the use of crude acerb fruit or wine, also not infrequently give rise to it. But a very usual though less suspected source of it is flatulence, which, by unduly distending the intestine, painfully affects the nervous twigs distributed in its coat. When the affection is seated in the stomach, duodenum and small intestines, the best means are pills of assafoetida and musk. When the colon is the suffer-

ing part, injections of warm water impregnated with assafoetida, or turpentine injections, produce prompt and complete relief.

In inflammatory states of the gastric and intestinal mucous membrane, the suffering caused by flatus is often very acute. The affection, if chronic, is temporarily relieved by the means above stated, but requires for its radical cure small doses of the bicarbonates of potass or soda, effervesced with citric acid or lemon juice, followed by light bitter infusions, such as those of taraxacum, anthemis, &c., combined with hyoscyamus, &c.

*Tobacco*.—See “Alphabetical Notice,” *Nicotiana*, in The Lancet for March 1, 1851. (Vol. XLIV., page 191, of this Journal.)

*Ulmine*.—This preparation is used in France and on the Continent as an anti-spasmodic. It has slight diaphoretic properties, but I have not been able to satisfy myself that it acts otherwise than as an ordinary vegetable bitter. Some ascribe to it the virtues of a cutaneous alterative, but all diaphoretics more or less partake of these.

*Urea*.—We do not doubt that hereafter, when animal physiology, pathology and chemistry are better understood than they now are, we shall avail ourselves, with effect, of several of the bodily secretions and excretions as medicinal means. We are of opinion that, in certain cases, *urea*, combined with some of the mineral and *minero-vegetable* salts, such as nitrate and acetate of potass, &c., may be advantageously employed, as a *stimulant diuretic*. We have at present our attention directed to this most important subject. In the meantime we suggest it for the consideration of others.

*Urethral spasm and irritation*.—This may seem to be an affection remotely connected with dyspeptic derangement, but, in reality, we must seek for many renal and vesical irritations in disorders of *primary assimilation*. Of the secondary or tertiary derangements caused by these disorders of primary assimilation, none are more frequent than those of the kidney, bladder, and urethra. The character of the urine is one of the most delicate tests whether chymification and chylification have been normally completed; and we believe that *most* of the cases of structural disease of the kidney, irritation of the mucous membrane of the bladder, and spasm of the urethra, are remotely due to the development of morbid principles in the stomach and duodenum. It would engage us in too long and abstruse discussion to state on the present occasion, in detail, our grounds for this opinion, but we shall probably do so at another time; meantime, we merely call attention to the subject. We may add, that we believe the best treatment of many of the above supposed exclusively local affections, will be found to consist in rigid attention to the rectification of deranged *primary assimilation*. The *urinary* treatment is merely secondary and auxiliary.

*Urine*.—It occasionally happens that dyspeptic symptoms exist for a considerable length of time, without involving any derangement of the urine; the explanation of which probably is, that the kidneys are more than usually healthy and vigorous, and refuse, for a greater or less time, to separate from the blood any other than the normal constituents and the normal quantity of the urine. But at length, the morbid influence



of ill-conditioned blood, constantly operating, seems to destroy the elective delicacy of these important organs, and to lessen the completeness of their organizing power over the solid constituents eliminated through them.

There is little doubt that our knowledge of the true constitution of the urine is still to be acquired. Probably this fluid contains several substances not yet ascertained; and in regard to some of those ingredients which are already known to exist in the urine, it is still doubtful what proportion of them is to be considered the normal one, or whether, in any proportion, the principles referred to are to be regarded as normal at all.

The most important analyses of the urine are those of Berzelius, Lecanu, Prout, and Becquerel.

We shall confine ourselves to a few very general and desultory observations.

Becquerel's estimate of the quantity of urine voided daily in France, is greater than that of England, according to Dr. Prout's calculation. Supposing both chemists to be correct (which it is quite possible they may be), we have, then, an important cause, or consequence, of the different character of the diseases of the two countries. The diet of the French people is unquestionably more *diuretic* (so to speak) than that of the English. Besides the acidulous wines of the former, the use of vegetables and vegetable soups is large in France. The contrast between the inhabitants of the two countries on this point is considerable.

Digestive derangements which affect the constitution of the *urina potus* indicate more deep-seated mischief, either in the stomachic or the renal functions, than derangements of the *urina sanguinis*.

Urine which immediately on being voided gives out a sensible smell of ammonia, generally indicates that the vital powers have suffered declension; that disease has become chronic; that the patient is past middle life, or is prematurely aged, &c.

In arthritic and rheumatic cases, the mineral and vegetable acids are carefully to be shunned. Among the latter the oxalic is the most objectionable; next, the malic; then, the tartaric, citric, and acetic. There can be little doubt that these acids act injuriously by their astringent effect on the cutaneous and mucous surfaces, by their thus interfering with their own elimination and that of the uric and lactic acids; thereby loading the blood with acidulous principles; whence follows that peculiar irritative condition of the nerves, constituting local affections, such as sciatica, lumbago, gout, or the systemic disturbance of rheumatic fever. It is amazing how difficult it is to rid the blood of this acidulous diathesis (if the expression may be used), when once it has been formed. The excernents seem to find it a peculiarly hard task to eliminate acids. Years of rigid attention to the dietetic ingesta are necessary. Hence the rarity of radical cures of gout and rheumatism.—*London Lancet*.

## CASE OF ICTHYOSIS.

BY J. T. BANKS, M.D., M.R.I.A., ETC.

JANE ARMSTRONG, aged 13, was admitted into the Whitworth Hospital, on the 24th of March, 1851.

The woman who nursed her states that from infancy she had a rough skin, but not such as to attract much attention until after she had been for some time at school, to which she was sent two years ago. As far as it can be learned, she has no hereditary claim to the disease under which she labors. She appears to be half starved, and has not attained the ordinary growth of a child of 10 years of age. The skin of the body generally is exceedingly rough; but the lower extremities, with the exception of the inner part of the thighs, present the ordinary appearance of the fish-skin disease; the thickened epidermis, however, especially over the knees, resembles much more closely the covering of the legs of a fowl than the scales of a fish. She says she never remembers to have perspired. Immediately after having been received into the Hospital this child was placed under the following treatment. In the first instance, a generous and nourishing diet was ordered for her, and she was directed to take a dessert-spoonful of cod-liver oil, three times in the day, the dose to be gradually augmented to a table-spoonful; a vapor bath was ordered for her every night, and, on coming out of the bath, the whole body to be well rubbed with cod-liver oil; a flannel dress to be constantly worn next the skin. This plan of treatment was sedulously persisted in for three months, and the event has been the gradual removal of the disease, and the most extraordinary change for the better in the general health and aspect of the little patient. On coming into Hospital she scarcely weighed four stone, and now her weight is five stone five pounds.

Having been long impressed with the conviction that ichthyosis, as well as many other cutaneous diseases, appears with extreme frequency in persons of the strumous diathesis, I determined to treat this case by the administration of cod-liver oil, both internally and by the endermic method, knowing, from the experience of a vast number of cases, that to cod-liver oil belongs, above all other remedies, the denomination of "anti-strumous." The oil has been employed externally in many forms of disease with much advantage, but I do not know that it has been hitherto used thus in the treatment of ichthyosis. Like all diseases which are difficult to manage, a great variety of remedial measures have been employed in this disease. The external application of "sweet oil," combined with the warm bath, and the internal use of pitch, has been found efficacious in the practice of Dr. Elliotson, but I am persuaded that the *vapor* bath, and the cod-liver oil inunction, are preferable to olive oil and the ordinary warm bath. There is one decided advantage which this plan possesses over those more generally followed, viz., that, while it appears (at least from the small amount of experience we possess) equally potent, it has the property of invigorating the frame, and improving the general tone of the system; whereas arsenic, mercury, &c., which we see prescribed in this class of diseases, though they often

cure the complaint, as frequently exercise a most baneful influence upon the general health.

A child about the same age as the subject of this communication, is at this moment undergoing the same treatment for ichthyosis in the Whitworth Hospital, and I have the most sanguine expectations of a like favorable result. The probability of a recurrence of the disease must not be lost sight of, but assuredly it is less likely to return in proportion as the means which have been found equal to its removal are calculated to impart strength to the feeble frame. In conducting the treatment of ichthyosis, perhaps as much as in any disease, is the patience of both invalid and physician exercised; and the frequent failures in the less inveterate examples of the affection are clearly traceable to an early abandonment of remedial means. These remarks are not meant to apply to hereditary or congenital ichthyosis, which has ever been found so little under the control of treatment, and many cases of which frustrate the most judicious and best-directed measures.—*Dublin Quarterly Journal of Medical Science.*

#### MORTALITY ATTENDING OBSTETRIC OPERATIONS.

[FROM the review, in the *Edinburgh Monthly Journal*, of a new work on Practical Midwifery by Dr. F. H. Arneth, Assistant in the Lying-in Hospital of Vienna, we extract the following statistics. About 7000 women are annually delivered in this Hospital.]

One of the most interesting chapters in Dr. Arneth's volume, and one which has evidently cost Dr. Arneth no small degree of research and trouble, is an elaborate section on the maternal and infantile mortality attendant upon those obstetric operations which are had recourse to for the extraction of the infant in morbid and difficult labors. Setting aside three or four cases of operation by the Cæsarean section, gastrotomy, and symphesotomy, given in the Parisian reports, we find that, according to Dr. Arneth's researches, the following are the results to the mothers and children, from the other modes of artificial delivery adopted, viz., by the forceps, vectis, craniotomy and turning, in the three largest lying-in hospitals of Europe, as respectively reported by Boer and Arneth relatively to the Vienna Hospital, by Lachapelle and Boivin relatively to the Paris Hospital, and by Drs. Collins, M'Clintock and Hardy, relatively to the Dublin Hospital.

1. The proportion of cases of operative or artificial delivery of the child is very nearly the same in all these three great hospitals. In the Vienna Hospital under Boer, 1 out of every 55 women was delivered by one of the operations we have named, namely, by the forceps, vectis, craniotomy or version; and during the time of Dr. Arneth's report, operative delivery was resorted to in 1 out of every 69 cases. In the Paris Hospital, Madame Boivin reports 1 out of every 61 labors as requiring delivery by operation. Madame Lachapelle found that in the 10 years preceding 1810, 1 in 57 mothers was delivered artificially, and during the subsequent 10 years 1 in 82 required such a procedure. In



the Dublin Hospital, Dr. Collins reports 1 out of every 86 women as having been delivered artificially; and Drs. M'Clintock and Hardy describe 1 out of every 52 of their cases as having been similarly assisted.

2. Though the total proportion of operations is thus not very different in these three large hospitals, yet the results to the children are very diverse. We shall give these results in round numbers, and without copying the minute fractions that Dr. Arneth has appended. In the Vienna Hospital, in his operative deliveries, Boer lost nearly 1 in 2 of all the children; Arneth, 1 in 3 (or 33 out of 95 cases). In the Paris Hospital, in the same kind of cases, Lachapelle reports less than 1 in 2 of all the children as having been stillborn (or 207 were stillborn out of 541 deliveries); while Madame Boivin reports about 1 in 4 of the children as having been lost (95 having been stillborn in 334 artificial deliveries). In the Dublin Hospital, in his cases of artificial or operative delivery, Dr. Collins reports about 3 in every 4 children as having been lost (150 of the children out of 193 cases having been stillborn); and Drs. M'Clintock and Hardy return, under the same circumstances, a nearly similar amount of infantile mortality, out of 128 operative cases reported by them, the infants being stillborn in 98 instances. Or perhaps we may state these results, as regards the infantile mortality in operative cases, more intelligibly in per centage proportions. Taking this method, the results are as follows:—Out of every 100 operative cases, Boer lost about 47 of the children; Arneth, 34; Lachapelle, 36; Boivin, 28; Collins, 77; and M'Clintock and Hardy, 76.

3. The maternal mortality in operative cases is a matter of even still greater moment and greater diversity. Unfortunately we have no records on this point from the Parisian Hospital; as Lachapelle and Boivin have not published any general statistics relative to the fate of the mothers. The maternal results, however, in these cases, are given in sufficient fulness in both the Vienna and Dublin reports. Boer lost 1 out of every 17 mothers in his cases of operative delivery; Arneth 1 out of every 9. In his cases of operative delivery, Dr. Collins lost 1 out of every 4 mothers; and Drs. M'Clintock and Hardy nearly 1 out of every 5. Or, to state the result in per centage proportions, out of every 100 operative or artificial deliveries, Boer lost 6 mothers; Arneth, 12; Collins, 24; and M'Clintock and Hardy, 22.

As some explanation of these differences in cases of morbid labor, in the results to the mothers and children, we may state one fact, without entering further into the discussion of the subject. In almost all, or indeed all, operative cases in the Dublin Hospital, in which the head of the child has not completely passed down into the pelvic cavity, craniotomy is employed—an operation always, of course, fatal to the child, and extremely dangerous to the mother. In the Vienna Hospital, on the other hand, they deliver the child by turning, and not by craniotomy, when the head is above the brim; and they apply the forceps in other cases, where the head has *partially* descended through the brim, but which in Dublin would still be regarded and treated as crotchet cases.

## INCISIONS OF THE SCALP IN EPILEPSY.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Having treated successfully several cases of severe inflammatory affections of the membranes of the brain, of a chronic character, during several years past, by incisions in the scalp, I beg to inquire of the profession, through the medium of your Journal, the probable effect of a similar treatment, in young persons subject to epileptic attacks. I have noticed, after death from nervous apoplexy, where the effusion or coagulum was formed near the surface of the brain, an ecchymosis external to that part of the skull in contact with the lesion.

The success of incisions in the cases alluded to, I have attributed to the closure or collapse of the bloodvessels in the membranes of the brain directly under the place of incision. It has been my practice to insert tents in the part incised, and to keep up a discharge for some two or three weeks. A cicatrix is formed, and the vessels become permanently contracted at the place of incision, while a corresponding diminution in the calibre of the vessels of the membranes of the brain takes place. This, I think, will be as permanent as in the part cicatrized. Now what I would suggest in cases of epilepsy, is the repetition of incisions at proper intervals, till nearly the whole scalp is cicatrized. This would result in a diminution of the calibre of the bloodvessels in the whole surface of the brain, and thus tend to prevent the afflux of blood to that organ, which occurs in the epileptic often from the slightest remote irritation.

*Stanstead, Sept. 13, 1851.*

M. F. COLBY, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 1, 1851.

*Horner's Anatomy.*—It is a compliment to any author to go into even a second edition; but when he appears in the eighth, as does Dr. Horner in the book before us, he may consider himself immensely popular, especially in a treatise like this, for not one in a thousand ever looks into a descriptive system of anatomy. From the first appearance of this excellent work, Dr. Horner has, in successive editions, been improving the text.

This edition is distinguished from the seven that have preceded, by copious illustrations, amounting, says the preface, to more than three hundred, some of which are of a character to aid the student materially in following out the complicated web of human organization. It may be well enough to remind those about commencing medical lectures, that this is one of the best, and certainly the latest, book on special anatomy and histology in the English language. It is in two full-sized octavo volumes—making 1010 pages. Messrs. Lea & Blanchard, of Philadelphia, have conferred a lasting favor on the medical profession of this country, by providing a native treatise that has few foreign equals and no superior. For sale in this city at Mussey's, Cornhill.

*Geological Observer.*—It is taken for granted that all scientific readers are familiar with the reputation of Sir Henry T. De La Beche, Director-

General of the Geological Survey of Great Britain. He is one of those profound explorers of nature, who have within a few years startled the world by the character and brilliancy of their discoveries. We cannot conceive of a higher intellectual treat, than to follow in the logical track of the geologists, who re-construct whole countries by the known adjustment of a few rocks or strata, precisely as Cuvier re-built extinct animal forms from the carpentry of a single bone. So astounding are the revelations of scientific geology, that it has become the engrossing pursuit of a class of men of a high order, who have made themselves illustrious while simply gratifying a taste for profound researches. It is a singular, and at the same time a proud circumstance, that very many of the leading geological minds, both in this country and Europe, are identified with the medical profession. To those who study only for the sake of contemplating the grandeur of the works of God, as unfolded and made clear to the understanding through the indefatigable pursuits of those who have unsealed the bowels of the earth, this volume will be invaluable. The work is a re-print, from the active press of Lea & Blanchard, Philadelphia. Copies are to be had in Boston at Mussey's bookstore, Cornhill.

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*Dr. Stratton on Cholera.*—Whether the intention was to inflict a punishment, or confer a favor, by sending out a pamphlet on the cholera, is not known. It seems that in 1849, this disease was epidemic at Chatham, Rochester and Stroud, in England. Dr. Stratton was a naval surgeon, and was determined to discover both cause and remedy; but neither of them were found, if his report is reliable. Although rather tedious in its commencement, there is nothing so very formidable as to prevent his discourse from being read. However, it seems a waste of precious time to delve through forty-four pages, without being a whit the wiser for it. It is a characteristic of all the cholera authors, that they define most graphically what the disease is, and invariably interweave a beautiful theory, but in the meanwhile the cholera marches on, totally regardless of learned reports and sanitary directions. Dr. Stratton, very composedly, towards the close, sums up matters and things in this manner: "The treatment of this pestilence naturally resolves itself into five heads. 1st, the precautionary or the prophylactic treatment; 2d, treatment of the premonitory diarrhœa; 3d, cholera; 4th, consecutive fever; 5th, secondary fever." Then follows the remedy, which never cured a patient, in our humble opinion—for all the while it was pursued, the people were dying to an alarming degree, and still greater numbers have died since it was promulgated. With this plain statement, is it at all singular that we are heartily discouraged with reading cholera literature? Yet we hope the time may come when something more definite and satisfactory will be known and printed concerning cholera. This essay was thought to be of importance enough to be re-printed from the Edinburgh Medical and Surgical Journal of April, 1851.

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*Cleveland Medical College.*—In eight sessions, this institution has had 1500 students; and in the last four years, the average attendance has been about 240. These facts are pretty evident proofs that it is an enterprising college. Of one thing we are certain in regard to it, viz., if it were not all that it professes to be, Dr. John Delamater would not belong to it.



He is a man of tried experience, learned, skilful, conscientious and indefatigable. We were formerly associated with him in a school of medicine, where all his good properties and energies were brought to bear upon the minds of those under his daily instruction; it was a prominent desire of his heart to prepare them for social and professional influence.

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*Knoxville, Tenn., Primary Medical School.*—F. A. Ramsay, M.D., in accordance with a suggestion of the American Medical Association, proposes to open a school for medical instruction on the 15th of February next. It has the approval of distinguished medical men of the State, and no doubt will succeed. Dr. Ramsay is a man of energy and thrift, and is well qualified for private or public teaching.

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*Eating Pork.*—The New Hampshire Shakers have abandoned pork, as food, and they are not without good reasons for doing so. Moses understood the injurious effects of swine's flesh, which he learned of the Egyptians, and therefore interdicted it in his judicial character. The Egyptian priests, who were both philosophers and physicians, ages upon ages before the birth of the Jewish law-giver, had gained an insight into the constitution of man, which, transmitted through the Israelites, diluted and corrupted as it may be, still exerts a powerful influence on all modern systems of legislation. Whatever was unclean in the Mosaic catalogue of edibles, is still thought to be unfit for human food, with the exception of swine. It is an anomaly that the one article, more abhorred than all others in the Levitical code, should become a favorite dish with us American Gentiles. Scrofulous affections, if not generated, are thought to be aggravated by pork; and the measles has been charged to its use. The hog is omnivorous, and more uncleanly than any other animal domesticated for economical purposes—a fact in itself sufficiently strong to deter the Jews from using the meat. Let those who are possessed of the information, show how much more we suffer from certain cutaneous and glandular diseases than the people of countries where pork is not used for food. We never saw a single swine in the whole of Egypt or Syria. The old prejudice, or the ancient interdiction, appears to influence the public sentiment in those countries. With these views, we doubt not that the Shakers will be gainers in health, and perhaps in longevity, by eschewing pork. Lard oil and stearine, in domestic economy, are invaluable articles; and when the demand for them requires all the swine raised, it will be a happy circumstance for the people.

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*Mortality of Intemperance.*—At a meeting of the Statistical Society of London, June 6th, a paper was read by F. G. P. Neison, Esq., from which we extract some data, in regard to the longevity of persons who are habitually intemperate. The mortality of this class of persons is shown to be frightfully high. In 6111.5 years of life, to which his observations extended, 357 deaths had taken place; but if these lives had been subject to the same rate of mortality as the general population of England and Wales, the number of deaths would have been 110 only, or less than one third. At the term of life from 21 to 30, the mortality was upwards of five times of that of the general community; and in the succeeding 20 years it was above four times greater. An intemperate person of 20 years

of age has an equal chance of living 15·6; one of 30 years of age, 13·8; and one of 40 years, 11·6 years; while a person of the general population of the country would have an equal chance of living 44·2, 36·5, and 28·8 years respectively. The influence of the different kinds of drinks on the duration of life was also shown; beer drinkers averaging 21·7 years, spirit drinkers 16·7 years, and those who drank both spirits and beer indiscriminately, 16·1 years. The average duration of life after the commencement of intemperate habits, among mechanics and laboring men, was 18 years; traders and merchants, 17; professional men and gentlemen, 15; and females, 14 years only.

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*Substitute for McMunn's Elixir of Opium.*—The following is extracted from an article by E. Dupuy, New York, in the August number of the Philadelphia Journal of Pharmacy. Opium, 3x.; water, q. s.; alcohol, 95 per ct., 3iv. The opium is to be made into a thin pulp with water; the mixture allowed to stand in a cool place 48 hours, then transferred into an elongated glass funnel containing filtering paper; a superstratum of water equivalent to the bulk of the whole mass is added. When 12 ounces of liquid have been filtered, the alcohol is added to the filtered solution. The proportion of opium is the same as that in Tinct. Opii of the U. S. Pharmacopœia.

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*Chloroform for the Extraction of Teeth—Death.*—The following case is related by Dr. Eissen, in the Gaz. Med. de Strasbourg, and affords another instance of fatal effects from the use of chloroform. It is fortunate for mankind that this alone, of the two modern anæsthetics, is ever known to produce such results.

“A lady, 36 years of age, of a bilio-sanguineous temperament, who had had three children, and whose health had always been satisfactory, was very much troubled with toothache. She had had four molar teeth extracted in the same sitting six or eight years previously; after which operation she had been seized with a convulsive fit. A little while ago the toothache became very distressing again, the patient had several nervous attacks, and was tormented with the idea that her dental pains exposed her to much danger. She sought the advice of a practitioner, and consented to a new extraction, stipulating, however, that she should take chloroform. Her husband held her hand, whilst her head was leaning against her maid; but before she had inhaled any chloroform, she started up and attempted to run away, using very incoherent language. When a little calmer, she sat down again, and a cloth, upon which a little less than two drachms of chloroform had been poured, was placed before her mouth and nose. The patient soon pointed out, by a few words, that the chloroform was beginning to take effect, and then became insensible. The operator extracted three teeth with the greatest promptitude, and only stopped when the husband directed his attention to the patient, who seemed to have fallen into an extraordinary state. On close examination, she was discovered to be quite dead, and the best-directed efforts were fruitless in reviving her.”

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*Death of Sylvester Graham.*—Most of our readers in this part of the country are familiar with the name of this individual, who some years

since made himself notorious in urging upon the community the system of light and exclusively vegetable diet to which his name was given. He has lately died at Northampton, in this State, at the age of about 50. The Gazette, of that place, states that his health had been gradually failing for the last year, and he had suffered much from rheumatism in his hands and feet. "A post-mortem examination disclosed no disease in the system, which, in the opinion of the medical examiners, was sufficient to produce his death; and the immediate cause of his decease is thought to be the use, contrary to the advice of his physician and friends, in the extreme exhaustion of the system, of Congress water and a tepid bath."

*Idiot Asylums.*—It is stated that the charge of the new Asylum for Idiots, which is to be established at Albany, has been offered to Dr. H. B. Wilbur, of Barre, the founder of institutions of this description in this country. We learn that this invitation has been accepted, and that Dr. Wilbur will soon remove to Albany. The present institution in Barre will be continued under the charge of Dr. Moore, of Barre.

*Medical Miscellany.*—Dr. Charles W. Davis has been appointed Secretary to the California Land Commission.—There are now living in Mansfield and Coventry, three brothers who are revolutionary pensioners, whose names and ages are as follows:—Samuel Dunham, 97, Sept. 1851; Stephen Dunham, 90, May, 1851; James Dunham, 88, Oct. 1851. Four brothers, who also served in the revolutionary war, died, aged from 63 to 81. Four sisters died, aged from 75 to 80.—Dysentery still prevails extensively in many places here at the north, but happily is not so fatal as in former seasons.—Govin Milroy, M.D., who was sent by the British Government to investigate and collect the cholera statistics of Jamaica, sailed recently from Boston for home.—A very large additional building is going up at the McLean Asylum, Somerville, in this State, at a cost of twenty thousand dollars.—Dr. Reid, a traveller through the highlands of Peru, is said to have found lately in the desert of Atacama, the dried remains of an assemblage of human beings, five or six hundred in number, men, women and children, seated in a semi-circle, as when alive, staring into the burning waste before them. The Spanish invader was at hand, and no escape being left, they had come thither to die.—Elizabeth Blackwell, the young lady made famous by her perseveringly successful efforts to fit herself for a physician, has finally concluded her studies and opened an office in New York.—Dr. George A. Gardner, accused of having defrauded the government in regard to a Mexican claim, has returned from Europe, and gave himself up for trial, being liberated, however, on heavy bail.—Cholera is making melancholy havoc at Mazatlan.—A second edition of Dr. Watson's learned treatise on the history, etiology and prophylaxis of *Trismus Nascentium*, has been published.—A plan is agitated in New Orleans of building up a new and economical establishment for the reception of emigrants, a short distance below the city.

TO CORRESPONDENTS.—Papers by Drs. J. M. Smith and C. B. Chapman have been received.

MARRIED,—In Lancaster, Mass., William A. Hawley, M.D., of Albany, N. Y., to Miss Elizabeth Sophia, daughter of Rev. B. Willard, of Lancaster.—Benjamin E. Sawyer, M.D., of Concord, to Miss Sarah Foster, only daughter of Richard Foster, Esq., of Hanover, N. H.

*Deaths in Boston*—for the week ending Saturday noon, Sept. 27th, 31.—Males, 35—females, 46. Abscess, 2—accidental, 2—disease of bowels, 9—inflammation of bowels, 2—disease of brain, 2—consumption, 10—convulsions, 1—cholera infantum, 4—canker, 2—dysentery, 4—diarrhoea, 4—dropsy, 1—dropsy of brain, 1—diabetes, 1—fever, 1—typhus fever, 1—typhoid fever, 1—lung fever, 4—disease of the heart, 1—infantile, 11—marasmus, 1—old age, 1—palsy, 1—puerperal, 2—peritonitis, 2—teething, 4—unknown, 1.

Under 5 years, 38—between 5 and 20 years, 5—between 20 and 40 years, 26—between 40 and 60 years, 9—over 60 years, 3. Americans, 38; foreigners and children of foreigners, 43. The above includes 10 deaths at the City Institutions.



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No. 10.

REDUCTION OF THE FEMUR WHEN DISLOCATED ON THE DORSUM ILII.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Some weeks since I noticed an article in your Journal, the author of which claimed to have discovered a new method of reducing a dislocation of the femur on the dorsum ilii. Knowing, as I did, how familiar this so-called original method was to many of our profession, I was not at all surprised to find, in the Journal of the week after, a communication denying the originality of the method. Having in my possession "Smith's Medical and Surgical Memoirs," in which, as it appears to me, this *new* method is fully explained, and also having myself reduced two dislocated femurs on this same principle, I think I can show conclusively the futility of the claims of the author of the first-mentioned article to originality. The gentleman says—to use his own words—that "the announcement of a proposition so novel, so ultra, and contradictory to the teachings of all standard writers on surgery for the last hundred years," exposes him to the sneers of some, and to the pity of others.

We will immediately show that it is *not* contradictory to the teachings of all standard writers on surgery. Why, in his list of past and present eminent medical men, did the gentleman omit the name of Nathan Smith? Had he attended the lectures of Professor Smith in Dartmouth College, within a few miles of which, I am informed, the gentleman himself is employed in teaching surgery, he would have heard the method, which he claims as original, demonstrated. Dr. Nathan Smith taught this method of reducing a dislocated femur, from 1804 to the time of his death in 1829, both in Dartmouth and Yale Colleges. I will now make some extracts from Smith's Medical and Surgical Memoirs, published in 1831, to show that his method is the same as the one lately recommended to your notice. In an article in this volume, the writer, Dr. N. R. Smith, of Baltimore, says—"The principles which, in the following pages, I shall endeavor to establish, relative to the reduction of the dislocated os femoris, were, in part, derived from my father's lectures." Some pages further on, he says—"By grasping the distal extremity of the dislocated bone, and making bending movements like those which violence employs in producing dislocations, we have it

in our power to call into exercise, with great effect, certain muscles attached to the bone. We do this with great mechanical advantage, because we use the bone as a lever, on the long arm of which we impress our force. \* \* \* Thus, if the hip be dislocated upward and backward, and we grasp the knee and powerfully abduct the member, we put powerfully on the stretch the abductor muscles. The power which we exercise on them is very great, because the thigh bone is the long lever which multiplies the force. These muscles, then, will be called into the same kind of powerful, convulsive action, which occurs in those muscles that cause the dislocation. But now the muscles drag the head of the bone directly towards its natural position."

And again he says—"Prof. Nathan Smith used to relate, in his surgical lectures, a case of dislocation of the os femoris on the dorsum ilii, in which he promptly succeeded, by the mere force of hands, in effecting the reduction. Notes of this case unfortunately I am not able to discover among his papers. The principal facts, however, are fresh in my memory, and will undoubtedly be borne in mind by many who have listened to his instructions. After attempting the ordinary methods by extension, in vain, he bent the leg upon the knee, seized the leg, and using it as a lever, rotated the thigh a little outward. Then he gently abducted the thigh, and lastly flexed it freely on the pelvis, by carrying the knee towards the face of the patient. These movements instantly succeeded, and with but little effort of strength. A medical gentleman of Massachusetts, who had been a pupil of my father, saw a similar case of dislocation, practised the same method, and succeeded with equal facility. A letter from him to Prof. Smith, detailing the particulars of the case, I once saw, but unfortunately it cannot now be found." Again, in this same article, it is stated that Prof. Physick reduced a dislocation of the femur directly backward, after very powerful efforts had been made to effect the reduction by extension, by simply abducting the thigh.

Having given the preceding extracts to show the principles of Dr. Smith's method, I will now, by making a few quotations from the article in your Journal, show that the method therein advocated is the same formerly practised and taught by Dr. N. Smith. The author, in describing his *discovery*, says—"It will be perceived, that by this mode of operating, we make a *lever* of the shaft or bone of the femur, and a fulcrum of the edge of the pelvis—and by this means lift or dislodge the head of the bone—while the abductor muscles draw it downward and inward, making it, as it were, *back into* its place, through the rent of the capsular ligament." In describing a case he says—"I then, as already described, seized the knee with one hand, the ankle with the other, flexed the leg on the thigh, the thigh on the pelvis, carrying it *inward and over the sound limb*—then upward over the abdomen, till the thigh was nearly parallel with the right side—then rotated the heel inward, carried the foot over the sound thigh, and the knee outward, when, by a gentle oscillation and rotation of the thigh, the head slipped into the socket." If any one will take the trouble to compare these extracts with those taken from Smith's Medical and Surgical Memoirs, I think he cannot fail to see that they describe *in substance* one and the same thing.

I presume that sufficient has been said to satisfy your readers of the truth of my assertion. I will, however, before closing this article, mention, as briefly as possible, two cases of dislocation of the os femoris on the dorsum ilii, which occurred in my own practice, and which I reduced in the above-mentioned manner.

CASE I.—Some time in 1836, I was summoned to visit Josiah Atkins, of East Granville, who, by falling forward with great violence, from a wagon, and receiving the wagon load of bags of grain upon his back, not only badly fractured his skull which came in contact with a rock, but also dislocated his os femoris upon the dorsum ilii. The patient presenting every symptom of pressure on the brain, I immediately applied the trephine, and elevated the depressed portion of the skull. This operation having resulted favorably, the next day I reduced the dislocation thus. The patient having been firmly secured upon a table, standing on the well side I took hold of the knee with my left hand, and grasped the ankle with my right. Then, flexing the leg on the thigh to about a right angle, by means of the leg as a lever, I rotated the femur on its axis to loosen the head of the bone, at the same time flexing steadily and strongly the thigh upon the body. This, my first attempt at reducing a dislocated thigh, was immediately successful. The patient is still living.

CASE II.—Oct. 9th, 1844, I was called to visit a Mr. McGregory, in West Springfield, who had dislocated his thigh on the dorsum ilii. I reduced the dislocation in the same manner as in the first case, by using slight extension, and flexing and rotating the thigh as above described.

Allow me, in conclusion, to refer any of your readers who may desire further information on this subject, to Smith's Medical and Surgical Memoirs, where they will find a very full and accurate description of this method of reducing a dislocated os femoris, and also three lithographs showing the operation at different stages of its progress.

*Springfield, Mass., Sept. 23d, 1851.*

JAMES M. SMITH, M.D.

## THE HOSPITALS OF PARIS.

[Communicated for the Boston Medical and Surgical Journal.]

By a decree of January 10th, 1849, everything relating to public assistance has been placed under a special board, or administration, called *Administration Generale de l'Assistance Publique à Paris*. It is under the control of the Minister of the Interior, and is managed by a director and a council of twenty members. The presidents are prefects of the Seine and of Police. The change effected at that date had but little to do with the immediate arrangements of the hospitals themselves. This administration is confined to civil hospitals. The military establishment is entirely distinct, and under the military administration.

Applications for admission into the hospitals are received at the *Bureau Central d'Administration*, but any physician or surgeon can receive a patient into his wards at the time of his regular visits; and the rule is not so construed as to prevent the admission of patients by the internes



at any time in cases of emergency. The *Bureau Central d'Administration* is composed of twelve physicians, and six surgeons, who relieve each other by rotation. From this body the hospital physicians and surgeons are selected when vacancies occur. They are elected for five years, but their appointments are always renewed. No one can obtain a place at the hospitals until he has first been elected to the *Bureau Central*. This board indicates the hospital to which the patient may be admitted; they give gratuitous advice to the indigent, and children are vaccinated here on Thursdays and Sundays, at certain hours. To secure the practice of vaccination, and its consequent protection, three francs are paid to the parents for every child vaccinated, and children that have not been vaccinated are excluded from the free schools of Paris.

The civil hospitals of Paris are divided into three classes, viz., 1st, *general hospitals*; 2d, *special hospitals*; and 3d, *hospices*, or institutions similar to our almshouses. These institutions have a uniform arrangement of officers, which consist of—1st, *a director*. 2d, *surgeons and physicians*, who are obliged to make a daily morning visit to their patients. They are allowed two or more *internes* and *externes*, according to the extent of their service, one *student of pharmacy*, a *nurse* for each ward, and a *sister of charity* for each service, male or female. To be eligible a physician must be 35, and a surgeon 30 years of age. Their salary varies from 600 to 1800 francs, according to the time they have been in the service of the administration. 3d, *apothecaries*. 4th, *internes*, or resident physicians. 5th, *externes*, or dressers. 6th, *students of pharmacy*. All the principals in each department are elected by concours. The sisters of charity are attached to some religious society. They profess to have retired from the world for the purpose of devoting their time to acts of benevolence. They are found in nearly all the hospitals of Paris, civil and military, where they officiate in the capacity of nurses to the sick and wounded. There is no extent of care for these miserable inmates that they are not ready to assume, and in many instances they act the part of relatives to the sick and dying. I have more than once seen the good sister manifest all the tender interest for the dying stranger that could be expected from a sister indeed. To them is entrusted the whole care of the wards in the absence of their medical attendant.

The number of hospitals under the direction and care of the council general of public assistance is *twenty-six*. A new establishment was commenced under the reign and auspices of Louis Phillipe, which was to have borne his name, but which is changed to *Hopital de la Republique*. When completed, this will be the largest hospital in Paris, and is to receive the patients of Hotel Dieu, while that pile of buildings is undergoing repairs.

1. The *general hospitals* are open to those persons whose diseases do not render treatment at special hospitals more proper. Of these the Hotel Dieu and La Charité are the principal.

2. *Special hospitals* are appropriated to patients afflicted with particular diseases, such as scrofula, syphilis, cutaneous and mental diseases.

3. *Hospices*, or almshouses. It appears from the last returns that the

hospitals and hospices of Paris support each year (in round numbers) 12,000 aged and infirm men and women, and that they receive annually 80,000 patients, of whom 5,200 are always under care or treatment. Of children, there are yearly received 4,600, and 12,000 are always out at nurse in the country ; 500 are apprenticed yearly. Besides this, the hospital directors grant relief yearly to 80,000 indigent persons. The number of beds in the hospitals is 6,574, and it is seldom that one remains a day unoccupied.

There is much system and economy in the management of the various hospitals. The bread used in all the hospitals of Paris is furnished from an establishment situated in the Place Scipion, on the south side of the city, adjoining Clamart. Enough is supplied every morning for about 12,000 persons. All employed in the hospitals receive their supply from here, as well as patients. The annual consumption of bread and flour amounts to nearly 8,000,000 pounds. The flour from which this bread is made, also the wine used, is admitted into Paris free from the octroi or city duties. The wine is purchased in large lots on advantageous terms, and is deposited in vaults under the bureau central, from which place it is distributed to the various hospitals. The annual quantity consumed amounts to about 1,500,000 quarts. The difference in the kind of stimulants used in the French and British hospitals is quite apparent. In England porter is the principal stimulant. I could not but think that a little less of these articles in European hospitals would do quite as well.

Among the special hospitals is one appropriated to the treatment of diseases of children—*Hopital des Enfants Malades*. The number of beds in this hospital is about 600, all of which are at this time occupied. I am told that so great is the care bestowed by the officers and other attendants at this establishment, that many persons seek admission for their children who would not otherwise do so. It is quite novel to see so much order prevail in an establishment appropriated to the treatment of such numbers of young persons. So assiduous is the care of the sisters here, that but little more confusion prevails, than in wards occupied by adults. The grounds are spacious ; the buildings surround a large space, which is planted with trees and shrubs, and in which various appliances for recreation are erected.

*Hopital St. Louis* is the largest of the special hospitals. It is mainly appropriated to the treatment of cutaneous diseases and scrofula, but it receives acute diseases and surgical cases. A large number of cholera patients were treated at this hospital. The bathing apparatus is here most ample. It has a vapor bath so arranged as to serve eight persons at the same time in distinct entries. More than 25,000 persons availed themselves of these baths during the last season.

The *Hopitals du Midi* and *Loureine* are appropriated to the treatment of syphilis. The former for males and the latter for females. Each has 300 beds, and always full.

The *Salpêtrière* may be ranked among the hospices. These immense buildings occupy the former site of a saltpetre manufactory. The hospital is 1680 feet in length and 1164 in breadth. It is now exclusively

appropriated to the reception of women, who are divided into three classes—1st, *reposantes*, or aged officials of the hospitals; 2d, indigent persons, divided into valid inmates, or afflicted by old age only—infirm, decrepit and incurable patients; 3d, epileptic persons and lunatics. The total number of beds is 4,438, the municipal council having recently suppressed 500 of them in order to apply the means resulting therefrom in a more economical form to out-door relief.

The number of beds occupied by lunatics, idiots or epileptic patients, is 1,470. The lunatics, of which three fifths are dangerously mad, are kept in separate infirmaries, and treated with the greatest care and attention. Sewing is encouraged among them to such an extent, that in one month 48,000 military sacs are said to have been completed. The harmless are allowed to amuse themselves in various ways; the principal occupation in which they are encouraged is gardening, the salutary effects of which are supposed to favor their recovery.

I do not pretend to have given you a description of all the hospitals of Paris, but have selected the principal ones, and such as will serve as an index to the remainder.

C. B. CHAPMAN.

*Paris, August, 1851.*

#### STRICTURE OF ŒSOPHAGUS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—If you deem the following account of a somewhat rare disease, worthy of a place in your Journal, you will please insert it. To me it has been a very interesting case. Other members of the profession have requested me to communicate it to the Journal, and I accordingly accede to their wishes.

In September, 1850, I was consulted by Mrs. W. concerning a trouble about her throat, attended at times with considerable difficulty of deglutition. On examination, discovered general inflammation of mucous membrane of fauces. Applied nit. arg. in sol.; also ordered an astringent gargle—which treatment gave relief. In October was called again for the same difficulty. Treatment as before, with the same result.

She was again attacked in January, 1851, with inability to swallow, and what appeared to be a depression, or “run-down” state of the system. She had been subject to considerable mental anxiety; had worked very hard, and was not over careful about exposure to cold. She was occasionally able to swallow fluids—and then could not do so for some days. Treatment—alteratives, tonics, nervines, &c.; nit. arg. in sol. to throat. Introduced a probang into the stomach. Found stricture a few inches from the commencement of the Œsophagus, not, however, very severe. Introduced the probang at different times. In a few weeks, after being reduced somewhat, she became quite well, and gained flesh and strength, but was not able to swallow much, except semi-fluid diet.

She was again attacked in June. I was from home. Dr. Jenkins was called, and subsequently Dr. Shove in consultation. I was again called August 15th. Found her exceedingly emaciated; had not swal-



lowed for several days. Introduced the probang. Found very considerable difficulty in the passage of it to the stomach. After overcoming, by the most careful manipulation, the resistance at one point, the ball was carried along one and a half or two inches, when it encountered another strictured place; which led me to diagnose—*ulceration of œsophagus*, about two inches in length, the hardened edges of which produced stricture. After the introduction of the probang, she would not consent to my passing the œsophageal tube down to the stomach, to give her nourishment, until twelve days had elapsed since swallowing. In the mean time she took frequent injections of beef tea, which supported her remarkably. She at length consented to have the tube introduced, which was accordingly done, and a small quantity of fluid was passed into the stomach. After a few times, the stomach would bear a larger quantity without producing any burning feeling or uneasiness of any kind. She improved rapidly in a few days, and had concluded she would rather live than die; but she was suddenly seized with severe coughing, and vomited a considerable quantity of blood. She died in about forty-eight hours after.

Seventeen hours after death, I made an examination, assisted by Drs. Jenkins and Shove. About two and a half inches of the middle portion of the œsophagus was found in a state of what appeared to be scirrhus ulceration—the canal contracted exceedingly. A small abscess had formed, uniting the œsophagus with the base of the lung, producing severe disease of the bronchial tubes of that part. The parts were so softened that it was impossible to dissect the œsophagus from its attachments to the lungs, as the slightest force was sufficient to tear the free portion of the œsophagus from the adhering part.

The stomach was found in a remarkably healthy condition, which accounted for her improving so rapidly when food was introduced into the stomach.

PETER PINEO.

*Barnstable, Mass., Sept. 27th, 1851.*

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 174.]

I WILL now take a cursory view, however, of the effects of one or two of the passions. I have just observed that Fear, or rather sudden fright, is a frequent exciting cause of epilepsy. Its immediate operation is to paralyze the body, and is therefore precisely opposite to the influence of Rage or violent anger. The respiratory nerves are instantly affected, causing embarrassment in breathing, and accelerated action of the heart, attended with diminution of its momentum, and retardation of the returning venous blood; thus giving rise to the pallor so notoriously characteristic of the passion. There is a temporary congestion, consequently, in the heart and lungs, and exhaustion of nervous power to such an extent that the limbs totter and shake, and scarcely a muscle but participates in the asthenia; sometimes (as I have already observed) the exhaustion of the vis-nervosa at once annihilating existence. It is a fertile

source also of insanity, as well as of nervous disease. I was consulted a few weeks since in the case of a young lady who was affected with partial hemiplegia and chorea, from being frightened by a crazy man, who forced himself into the house after dark ; but she soon recovered. There is a case of fatuity at this time at High Beach, in one of the asylums which I visit, owing to the patient being frightened at school by a mock trial of him for stealing a knife from one of his school-fellows : they pretended that they were going to hang him ; he escaped, and hid himself for some hours in a ditch, where he was found idiotic. Numberless similar instances might be adduced, resulting from fancied apparitions, or other causes of terror and surprise.

Look, again, at the consequences of *Grief* on the animal system. We have mentioned one of these in the beginning of my lecture, viz., carcinoma ; and many more sad consequences might be enumerated. It tends, when inordinate, to determination of blood to the brain ; it is a not unfrequent cause of insanity ; and would be still more so, did not nature proffer the relief of tears. The countenance at once betrays it ; the *depressor anguli oris* is of itself so characteristic of mental sorrow that the artist can instantly portray it, and change the representation of laughter into that of weeping by a mere stroke of his pencil, calling that muscle into play. The common phrase of being "down in the mouth," no doubt takes its origin from the action of this muscle. General languor, moreover, prevails ; for the exhaustion of nervous energy which follows fast on the agitation and restlessness of sorrow depresses the whole frame, and leaves it in a state of lassitude and inertia. A general stupefaction of the intellect mostly ensues, all the vivid perceptions which might previously have reigned being absorbed or concentrated in the predominant affliction. The expression of countenance is painfully interesting, and his must be a flinty heart in which a feeling of commiseration and sympathy is not excited on witnessing it. All the harsher emotions of the countenance are lost and melted down ; and woman is said to be more radiant through the mist of sorrow—

" So properly the object of affliction,  
That Heav'n is pleased to make distress become her,  
And dresses her most amiably in tears."

That the heart may become structurally affected by the continuance of grief may be asserted with little fear of contradiction ; or little faith can be reposed in the writings of Corvisart and others, who have studied its pathology with attention. What is the simple and constant concomitant act of sighing but the comparative inertness of the heart's action, and the consequent impulse of congested lungs to

" Cleanse the fraught bosom of that perilous stuff  
That weighs upon the heart."

Sir Charles Bell has beautifully described all the minutiae, and explained them admirably, in his "Anatomy of Expression"—a work which merits a place in every library of science and interest, maugre a few little errors of opinion. He carries on his illustration even in the brute creation, and demonstrates by close analogy that though they have

not, strictly speaking, *reason* for their guide, they have instinct—nerves, and feelings, and emotions, and passions, in common with ourselves, and so verifies the poet's humiliating assertion, that

“Man differs more from man than man from beast.”

The opposite excitement—viz., that of intense *Joy*—has also a most powerful effect on the system, and is, perhaps, more to be dreaded in its consequences of the two. This has been abundantly witnessed from the sudden and unexpected supervention of great wealth on nipping poverty; and insanity, and even death, have been a not unfrequent consequence; for the mind is elastic, and gradually rises from the weight of sorrow that depressed it: but when the load of embarrassment, and anxiety, and distress, is suddenly removed, and a superabundant influx of nervous excitement is as suddenly infused, the specific gravity of reason is thrown as it were from the mind's centre, and never able to regain her seat. It is an overcharge of animal electricity, and an explosion follows, the illumination and destruction being simultaneous. Instances of its fatal property are recorded and familiar. Pliny asserts positively that the joy of having won the prize in tragedy put an end to the days of Sophocles, and also of Dionysius of Sicily. He also gives the example of the Roman lady who died from joy to see her son safe returned from the battle of Cannæ. Another instance presents in the old Greek who died on the spot from excess of joy on seeing his three sons crowned with laurel at the Olympic games. The pathology is only explicable on the principle of nervous excitement already specified—in other words, a shock of animal electricity; for no *structural* disease could be detected by post-mortem inspection under such circumstances. We can only say that the equilibrium of the nervous and vascular systems has been disturbed to a degree incompatible with the laws of existence, and death is the result!

All other emotions and passions are, in fact, only modifications of the influence of the mind on the material organization already described; and it may be difficult to penetrate more deeply into “*cet abyme des incertitudes*” than has been done by those whose names I have quoted, and by other physiologists whose reputation is immortalized by their researches in this interesting branch of medical philosophy, and is identified with it. It cannot be denied that the functions of the brain and nerves—the reflex action of the latter—the respective peculiarities of the sentient and motor nerves—the distinctions between involuntary muscles and muscles of volition—the ganglionic system—the separate offices of the brain and spinal marrow, and all their individual and combined operations and uses, have been most minutely studied, and most assiduously investigated, and partly ascertained, within the last few years, not only by those on whom the grave has closed, but by several who still live to enjoy the *Superbiam quasitam meritis*. Should the latter have retired from the field of philosophy to enter it no more, the laurel still is green upon their brow; and, with this encouragement, let us hope that, though the subject is intricate, and the barrier apparently insurmountable, others may not be deterred from prosecuting the inquiry, remembering that



“ The wise and active conquer difficulties  
By daring to oppose them.”

In fact, the subject merits even more attention than it has hitherto received ; for, however valuable the pathological observations may ultimately be, the inferences which have been drawn from the experiments which have been instituted are nevertheless so incomplete and perplexed, that further research, and the “ *longioris ævi diligentia*,” are requisite to verify them. The nature and exact functions of the ganglia—that prime minister of organic life ; the sympathetic nerve, with its various connections and offices ; the endowments and relations of the medullary and cineritious constituents of the brain and nerves ; the unity of the nervous power ; the vital principle itself, and its connection with material organization—in a word, the *terra incognita*, which at present forms the extreme boundary of human knowledge, is still involved in an obscure mist and mystery which affords ample space for our consideration and study.

If vivisection be indispensable to the further prosecution of physiological inquiry, and physiology stagnates because humanity shudders and shrinks from the infliction of pain, it is gratifying to feel that her handmaid, chloroform, is come amongst us as though to obviate the leading objection to experiment, and beckon us to further scientific investigation. Her supreme power over the entire nervous system may ere long open the portal to information which as yet has been closed against us, whilst her anæsthetic agency must rank high amongst the most valuable of modern medical blessings and discoveries. The extended action of it, and of other powerful anæsthetic and stimulant medicines on the nervous system, is a subject well worthy of especial study. It has burst in upon us lately with a dazzling effulgency, although it must at present be considered in comparative infancy. As we employ it more generally, and become better acquainted with it, many advantages may be anticipated from this class of remedy, especially in mental and nervous affections. We all know or have witnessed the operation of the nitrous oxyde on the nervous system ; the astonishing influence of mesmerism ; the anæsthetic effect of the inhalation of æther ; the operation of aconite and other narcotics—the effects of all of which on the brain and spinal marrow are strongly illustrative of the antithesis of my subject, viz., the action of *matter on mind* ; and here, amongst the first and foremost, must be classed the maddening fascination and mental bewilderingments consequent on opium and the preparations of it—that Nepenthe of both mental and corporeal suffering and inquietude—“ *sine quo*,” as Celsus observes, “ *medicina quasi manca sit, ac claudicet* !” How many a painful paroxysm of agony does it not avert ! How many a night of ease and tranquillity does it not procure, which, but for “ this sweet oblivious antidote,” were spent in suffering and restlessness ! Who can forget the poetry and pathos with which its Elysian properties have been depicted by De Quincy in his “ Confessions ” ! Yet who would not shrink from the Circæan cup, or dash it to the earth, rather than be similarly enslaved by its intoxications ! Under its powerful influence the nervous system is variously affected in different individuals. Per-

ception is confused ; ideality is excited ; memory is blunted, or is, perhaps, extraordinarily augmented ; visions arise which are confounded with realities ; and the mind becomes entangled and intoxicated by it ! It begins by exciting, but terminates by stupefying the brain, inducing coma and death : but its action on the mind through its material organization is a striking illustration of the dependence on, and the connection of, the one with the other. The sublimities of genius are, indeed, unfrequently invoked and elicited by these mental stimulants, which excite the brain, though at the expense of the stomach. Many of the fine pictorial productions of Fuseli are said to have been the children of indigestion and irritated brain—nay, it is asserted that he ate freely at supper of whatever was calculated to cause dyspepsia and night-mare, for this express purpose.

The effects of all the narcotic poisons on the animal organismus are very analogous ; some are more rapid in their effects than others, as prussic acid ; some are attended by convulsions ; some dilate, whilst others contract, the pupil of the eye. The principal symptoms are cephalalgia, vertigo, affection of the retina, with paralysis, convulsive stupor, and death ; but no morbid lesions are discernible from narcotic poisons, unless we include venous congestion or serous effusion in the encephalon. The general impression is, that they either operate on the brain through the circulating system, or, as others maintain, their operation is on the centre of the nervous system, and its sympathy with those expansions of it on which the morbid impressions are made ; and the instantaneous death consequent on a large dose of prussic acid favors this theory.

The action of stimulants is to awaken the susceptibility to impressions, to pour fresh oil into the lamp of exhausted nature, to sharpen the intellectual energy, and to dissipate sorrow and anxiety. “Give strong drink unto him that is ready to perish, and wine unto those that be of heavy hearts. Let him drink and forget his poverty, and remember his misery no more”—said Solomon.

Profane authors teem with such encomiums. Many a passage might be cited from scores of classic authors in support of the exhilarating and creative influence of wine. Some of our most celebrated statesmen would not attempt to speak, until they had aroused their powers of eloquence by stimulant potations ; and Horace asks—

*“Fecundi calices, quem non fecere disertum ?”*

Energy is therefore the first impression that is made by alcohol as well as by opium. The mental function acts with unwonted power ; wit is awakened—and fancy and imagination being aroused, and luxuriating with unfettered vigor, the poet and the orator pour forth their sublimest strains, and give utterance to their grandest conceptions. If, however, the stimulus exceed the due proportion, and reason is floated from her capitol, the ideas become confused and incoherent, the powers of the mind are swamped, vertigo follows, bringing exhaustion in its train, and apoplexy finishes the scene. Where a copious potation has been suddenly made, not only the mucous membrane of the stomach is inflamed and injured, as Dr. Roupell has ably depicted to us in his treat-

tise, and illustrated with colored plates, but the shock sustained by the nerves is communicated to the brain, and a fatal result ensues before time for absorption can take place. From smaller proportions, daily and constantly repeated, we have palsy, dyspepsia, mania, delirium tremens, debility, and every indication of the intellect—the brain, and whole nervous system, being shattered and destroyed—and our gaols are crowded, our madhouses are stocked, and our church-yards filled, by the victims of this pernicious and demoralizing vice. Without, however, digressing into a treatise on alcohol and its effects, suffice it to say, that the *vis nervosa* and powers of the mind are salubriously augmented or perniciously impaired by its action on the brain, according to circumstances: and in alluding to the articles which I have just enumerated, I feel that I have adduced the strongest illustrations with which we are acquainted, of the instrumental agency of *Matter on the Mind*. This it is which renders the study of the operations of stimulants and of narcotics particularly incumbent on those who devote their time and attention to the treatment of insanity: for the condition of insane patients is very various. Wine, which in a state of health induces a temporary delirium, will, on the other hand, mitigate or suspend the low muttering delirium of typhoid fevers, where it arises from depressed vitality. The same observation applies to opium. How frequently this is demonstrated in the calmness and rationality with which patients awake, where morphia has been given in such proportion as to induce sleep under such circumstances! and though of course insanity is not to be confounded with delirium, yet how valuable is the effect of morphia, and of henbane at times, in every lunatic asylum, as well as in the fever hospital! My friend Dr. Seymour asserts the acetate of morphia to be more efficacious in that melancholy stage in which suicide is to be apprehended, than any mode of treatment which can be adopted; and I fully coincide in such opinion in many instances. It is equally so in puerperal insanity, and in other forms of mental alienation attended with irritation and debility. How strikingly this is evidenced in the delirium à potu, or “tremens,” as it is generally termed. Where, from nervous exhaustion, therefore, the nerve matter, whatever it may be, no longer exercises its function as a medium through which the mind exercises volition or perceives impression, morphia would appear to impart a new mode of consciousness. It suspends the exhaustion which causes the disorder of the sensorium in typhus, and refreshment follows the repose that is induced by it—in a word, the alternations of mental action correspond with states of bodily excitement and exhaustion; but the cause of any deviation from the normal condition of either mind or body must be ascertained before the appropriate remedy can be prescribed, inasmuch as cerebral excitement in an opposite condition would be aggravated by opium or stimulants.

Inequality in the distribution of the blood to the brain invariably affects the intellectual functions, be the cause what it may. This is evident in the simple act of fainting (in which all consciousness, perception, volition, and other properties, are suspended for a time), as much as in congestion of the brain. Fainting is, in fact, a vivid instance of the subjugation of the body to mental emotion, for it is a suspension of



the heart's action, consequent on a sudden impression on the mind. This theory is, however, opposed by that eminent physiologist Bichat, who asserts that the brain has no immediate influence upon the heart. His opinion was, that the passions and mental emotions are to be referred primarily to the heart, and not to the cerebral system; and in analyzing the pathology of syncope he contended that the suspension of the heart's action was in all cases the *primary* circumstance; that of respiration, sensation and voluntary motion, being only *secondary*. Great as may be the presumption to differ from so celebrated a physiologist, it is difficult to concur in this opinion; for where it occurs in persons of delicate susceptibility on the sight of a toad, or a spider, or any other offensive object of sight (as so frequently occurs), it is surely an impression on the brain through the medium of the optic nerve, and communicated *secondarily* to the heart and circulating system. Where syncope is consequent on a sudden loss of blood, on the heat of crowded apartments, on the use of the hot bath, on long standing and other physical derivatives of blood from the brain, this theory is admissible; but that it is *also* produced by the agency of the mind appears undeniable, and the etymology of "*leipothymia*," "*or animi deliquium*," is accordingly given to it. Since, however, it cannot be denied that syncope is by no means an unfrequent consequence of *FATIGUE*—and inasmuch as I should deeply regret to find myself a remote or proximate cause of such an occurrence in this room by trespassing at *too great* a length on your attention, I will here close my lecture.—*London Medical Gazette*.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 8, 1851.

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*Expulsion of Tape-Worm.*—The following letter is from Richard Soule, Esq., of Boston, a gentleman of the highest respectability, whose only object is to make known extensively, among physicians, what he considers a specific for the destruction of the tape-worm. Its non-professional source should not lessen the confidence of medical practitioners in the article, for the writer is the last person in the world to propose any thing that he did not believe would really promote human health and happiness. Dr. J. S. Jones, of this city, who wrote on the subject in this Journal a year or two since, had excellent success, we believe, with the same preparation, and we have been hoping for a report of his cases for publication. Every vessel touching at Matanzas, Havana, or, in fact, at any West India port, might bring home any quantity of the seed spoken of in Mr. Soule's paper. We respectfully suggest that druggists should provide themselves with it, to answer orders that will very likely be sent to them from the interior.

*Dr. J. V. C. Smith.*

DEAR SIR,—The merits of the very simple *pumpkin-seed cure* for *tape-worm*, rests on the testimony of those who have thereby succeeded in expelling these troublesome intruders from the premises they had occupied

for years; and the accidental agency the writer has had in one of these cases, has brought a number of applications for the recipe. Should you deem it of sufficient importance to occupy a page in your widely-circulated Journal, it may serve to relieve some afflicted one who cannot well avail himself of the physician's aid, and also give to physicians a new remedy; I therefore place the recipe at your disposal. Yours assuredly, R. S.

*Cure for Tape Worm.*—Procure sufficient seed of the pumpkin (those grown in the West Indies are the best) to make two ounces after removing the outside shell of the seed; put them into a mortar and add half a pint of water; pound them well up, and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take one ounce of castor oil. Drink all the time as much fresh cool water as the stomach can bear or contain; that is, drench yourself with water. After taking the orgeat, if the stomach is well rubbed with ether, and an injection of about 60 drops of it is taken, you will find it an assistant to the orgeat, but this may not be necessary. Should the first application of the remedy not answer, repeat it the next morning, and there is no doubt your complaint will be removed. The worm will leave the patient all at once, and probably entire. This can be ascertained by finding the small end or head of it, which tapers off almost to a point.

P. S.—The New York friend, from whom I received the recipe, of which the preceding is a copy, in March, 1848, remarks, in support of his opinion of the efficacy of this remedy, that "Capt. ——— says he did not have to take the injection, although he took two separate doses of the seed (the first not operating sufficiently), which relieved him at once, and since which time has cured probably a dozen different persons afflicted with the tape worm, who had been given over by their physicians. The worm from him was 34 feet long, each link about one inch. He rubbed the stomach with ether, after taking the orgeat. It may be advisable to use the forenamed remedy under the advice and with the assistance of a physician." I have only to add, that the suffering lady in this city, for whose relief the writer's aid and influence was solicited by her husband, has been restored to perfect health, after years of prostration and efforts for relief; and in thankfulness for the interest I had manifested in the case, sent me a glass jar containing a large part, if not the whole, of the worm that had been her tormentor for several years.

*Boston, Oct. 1, 1851.*

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*Dr. Wheaton, of Providence, R. I.*—A few weeks since, the death of this venerable physician, at the patriarchal age of 90 years, was announced. Dr. W. had been distinguished, during his long life, for the virtues of a Christian, the accomplishments of a gentleman, and the acquirements of a scholar. We have been hoping that some one, familiar with his claims to the respect of the profession to which he belonged, would have prepared for our pages a memoir that would have been just to his memory, and at the same time been instructive to all who have a desire to profit by the experience of the wise and good. But no such memoir has been received; and rather than allow the name of Dr. Wheaton to pass away without an effort to perpetuate his memory in a Journal of Medicine of which he was a distinguished patron, and to whose pages he was a valued occasional contributor, a few paragraphs have been detached for in-

sertion, from a sketch of him in the *Manufacturer's and Farmer's Journal*, of Providence. Even at this late moment, however, a hope is entertained that some friend of Dr. W. may favor us with a sketch of his life and character, that shall embrace more illustrative points of his career—for what eminent person is without them? Any body can be a common fixture in society, but there must be talent to sustain a man in a prominent, commanding position, while engaged in the arduous duties of a medical practitioner. The extracts alluded to are deferred till next week.

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*Prosecution for Mal-practice.*—A case has recently been tried in the Court of Common Pleas, in the city of Lowell, of a character similar to those mischievous prosecutions that for some years past have alarmed medical gentlemen, in various parts of the country, to such a degree that many have about concluded to let all surgical patients go unassisted in their afflictions. If by any combination of unforeseen constitutional or other circumstances, a fractured bone or a punctured wound is not immediately cured, the surgeon is at once driven to the wall by a prosecution for mal-practice, the object and aim of the prosecutors being to make to themselves mammon out of the spoils, even if they rob the practitioner of his honest earnings and ruin his reputation. It seems that, in the case alluded to, a woman cut her right thumb while paring apples. In consequence of the condition of the wound, which pained her, Dr. J. T. G. Leach, of that city, was called in for advice. From a careful analysis of the testimony in regard to the treatment, his course appears to have been perfectly judicious, and this was the opinion of very eminent medical gentlemen who were called before the court. Notwithstanding the weight of evidence would seem to have been strong enough to have sustained Dr. Leach, to our surprise, at least, the jury could not agree. The more we have reflected upon the testimony, the more we are astonished at the result. Of what value is evidence in courts of law, if it is to have no weight? Dr. Charles A. Savory, Dr. D. Mowe, Dr. Thurston, Dr. J. C. Dalton, Dr. Green, Dr. Parkman, and Dr. Balch, if we understand them, sustained Dr. Leach triumphantly.

At the Missionary Hospital, in China, in which Dr. Peter Parker, the American Surgeon, has distinguished himself by the performance of some of the boldest operations in surgery, before the people became enlightened and comprehended the value of his services he refused to operate till a bond had been executed, in which applicants agreed not to claim damages of him should he be unsuccessful. It would perhaps be the course of prudence for surgeons among us to keep blank bonds on hand, to be filled up before commencing treatment, if the public continue to ask for their best endeavors and then prosecute them for damages should the result be unfavorable.

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*Quarantines.*—Within a few days a batch of pamphlets on the subject of quarantines has been handed in for perusal. We have little patience in reading arguments which favor the non-intercourse of nations. Like the messenger to Queen Dido, we have seen all, and been a part, and bear our testimony against restrictions on commerce that in any manner resemble the infamous practices of the despotic powers on the borders of the Mediterranean. With a show of care for the public health, there is no other motive than a revenue. Recently, however, the discovery has



been made, that it is a beautiful political manœuvre for limiting civilization and keeping out liberal opinions.

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*Lead Diseases.*—On looking over a treatise from the French of L. Tanquerel des Planches, with notes and additions on the use of lead pipe and its substitutes, by Samuel Dana, M.D., we are more than ever satisfied that there is something to be learned in regard to a variety of diseases which have their origin in the poison of lead. In the city of Boston, where water pipes have but recently been laid, time enough has not elapsed to develop the effects which are reputed to follow the use of potable water drawn through leaden tubes. But they may come, and it is worth the particular care of our professional brethren to collect any facts that may come to their notice, indicative of the existence of symptoms due to the action of lead in the system. It is important to ascertain whether there are more cases of colic, arthralgia, paralysis or encephalopathy, than when the citizens were drinking the filthy water which was the only resource before the introduction of the Cochituate. Do the bills of mortality exhibit a larger number of deaths from any one malady that might rationally be supposed to have been made more active by the presence of small portions of lead in the system? When the public mind was considerably agitated upon the subject of service pipes, in Boston, to conduct the water from iron logs into the houses, a preference was expressed, by the reflecting part of the community, for something besides lead; but no two could agree upon what was the best substitute, or upon the relative expense of iron, glass, and such other kinds of tubing as had been suggested from various respectable sources. In the meanwhile, every one was anxious for the water, and the lead pipes, being ready made, and their expense light, outweighed all objections, and they now branch out everywhere, and ramify over and through every section of the city. If it should prove, on inquiry, that diseases usually imputed to the presence of lead have not increased, and that the public is in no way badly influenced by their new aquatic conveniences, it would be equally important to know it. Dr. Dana's translation should be regarded with interest, because it is the only volume to which we can go for instruction in case it hereafter becomes a grave question, whether the public has been seriously injured, and if so, to what extent, by the adoption of lead conduits. In the appendix there is a collection of medical views from gentlemen of distinction, upon the subject generally; and, thus, taken all in all, Dr. Dana has contributed largely to the stock of professional resources, if, in this matter, he has not made others see as clearly as he does the evils in question.

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*New York Medical Times.*—This is the new Journal to which we alluded recently as about to appear in New York. It is to be published monthly, and is edited by J. G. Adams, M.D. No. 1 is a specimen of prompt enterprise and originality. It is a rare qualification for an editor to be able to write good articles himself, and to command them from others. Dr. Adams will soon discover that there are many gentlemen who like to be the subjects of commendatory paragraphs, calculated to extend their professional influence, and while these are published they will be very friendly; but when it comes to paying for the support of a Journal, or contributing to its pages in a way to raise its reputation, increase

its profits, or elevate the professional reputation of the country, they turn a cold shoulder. We wish the new Journal all possible success, and tender to the editor our kind regards—hoping he may have health and happiness, and a host of paying subscribers.

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*Hindu Remedy for Sterility.*—The following is copied, merely as a matter of curiosity, from one of the medical works received from India a short time since, and already alluded to in this Journal. Take powder of bidari or anuloka, mixed with honey or ghee, and eat the testes of a goat, roasted and prepared with salt, ghee and long pepper. The preparations of maskulai, with sugar barley and wheat. Eat the eggs of crabs, crocodiles or turtles, properly prepared. Flour prepared with ghee and milk, rubbed on the feet with oil mixed with crocodile's eggs—the flesh of rats, frogs, and the eggs of sparrows. The patient, in the meanwhile, is to drink fresh milk with sugar, honey, and swallow the powder of Swayan-gupta, with ekuruka!

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*Tea and its Adulterations.*—The “Analytical Sanitary Commission,” in London, to which reference was made some months since in this Journal, is still pursuing its analyses of various articles of food and drink. The different kinds of tea and their adulterations have occupied a prominent place in its investigations. A very brief summing up of researches respecting this article is contained in the following extract. Much curious information concerning the culture of the tea plant is contained in the Commission's report in the *Lancet*, which we may hereafter copy.

“The chief points ascertained with regard to *black tea* are—

“1st. That the principal black teas—namely, the Congous and Sou-chongs, arrive in this country, for the most part, in a genuine state.

“2d. That certain descriptions of black tea, as Scented Orange Pekoe and Caper, are invariably adulterated, the adulteration in general consisting in the glazing of the leaves with plumbago or black lead; the Caper likewise being subject to admixture with other substances, as paddy-husk, Lie tea, and leaves other than those of tea.

“3d. That several varieties of a spurious Caper, or black gunpowder, are prepared, which consist of tea-dust, and sometimes the dust of other leaves, and sand, made up into little masses with gum, and faced or glazed with plumbago, Prussian blue, and turmeric-powder; in some cases these imitations are sold separately, but most frequently they are used to mix with and adulterate the better qualities of Caper—viz. those which are made of tea faced with lumbago only.

“With respect to *green tea* the principal conclusions are—

“1st. That these teas, with the exception of a few of British growth and manufacture, from Assam, are invariably adulterated—that is to say, are glazed with coloring matters of different kinds.

“2nd. That the coloring matters used are in general Prussian blue, turmeric-powder, and China clay, other ingredients being sometimes but not frequently employed.

“3rd. That of these coloring matters, Prussian blue, or ferro-cyanide of iron, possesses properties calculated to affect health injuriously.

“4th. That in this country there is really no such thing as a green tea—that is, one which possesses the natural green hue considered to characterize that kind of tea.

"5th. That green teas, and more especially the Gunpowders, in addition to being faced and glazed, are more subject to adulteration in other ways than black teas, as by admixture with leaves not those of tea, with paddy-husk, and particularly with Lie tea.

"That Lie tea is prepared so as to resemble green tea, and is extensively used by the Chinese themselves to adulterate gunpowder tea; it is also sent over to this country in vast quantities, and is employed for the same purpose by our own tea-dealers and grocers."

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*New Remedies for Tape-Worm.*—Mr. Burnett, Tremont street, and Philbrick, Carpenter & Co., have received a small quantity of kouso, the lauded tape-worm expulsive, a product of the *Brayera Anthelmintica*, a tree of Abyssinia. It is represented to have been used in France and England, for some time past, with eminent success. Those who are afflicted will no doubt avail themselves of it, and also of the other remedy alluded to by a writer in this day's Journal. Whatever success may attend the administration of either should be published, and nothing kept back which can be of the least service in guiding physicians in their treatment of these cases.

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*Dr. Dickson's Case of Paracentesis Thoracis.*—Our attention has been called to the case of paracentesis thoracis, copied into this Journal last week from the Charleston Medical Journal. It was given in Dr. D.'s own words, and it was supposed our readers would each form his own opinion whether the writer had mistaken simple pleurisy for tubercular consumption. In order, however, that their attention may be more particularly drawn to a probable error in Dr. Dickson's diagnosis, we copy the following remarks by the editor of the Charleston Journal, from the same number that contains the case in question:—

"We could have wished that Dr. Dickson's interesting communication had contained a full and minute account of the stethoscopic signs. Without in the least intending to disparage the diagnostic powers of Dr. R., we venture to suggest that the disease, for which the operation was performed, might have been one of circumscribed pleuritis (the predisposition existing in the tubercular diathesis), with an effusion of purulent or sero-purulent matter, in which adhesion was established with the parietes, and the matter evacuated in the way mentioned by Dr. D. Did we have space, we could adduce several reasons for the adoption of the latter view. If Dr. R.'s opinion of the nature of the disease be correct, we cannot but regard the case as unique."

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*Return of Dr. Warren from Europe.*—Dr. John C. Warren, of this city, whose departure for Europe was mentioned in this Journal early in the summer, with the inadvertent additional statement that he was to be absent two years, returned last week to his home, after a pleasant journey, and able to engage anew in the professional duties which he has so long and successfully performed among us.

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*Meeting of the Massachusetts Medical Society.*—An adjourned meeting of this Society took place in this city on Thursday last. The principal business transacted was the expulsion, by nearly a unanimous vote, of Dr.



Barrows, on recommendation of the Counsellors, for charges preferred against him by Dr. B. Carpenter, of Pawtucket. It was voted to adjourn to February next, after the meeting of the Counsellors, to attend to charges against other members.

*Trial for Malicious Prosecution.*—In the case of Dr. T. H. Smith, before the Supreme Court, against Dr. Hyndeman, and Mr. H. D. Fowle, apothecary, all of this city, for alleged malicious prosecution in a trial alluded to in this Journal last spring, the jury on Monday returned a verdict for plaintiff—damages \$300. The damages claimed were \$10,000.

*The New Insane Hospital.*—Ex-Gov. Briggs and his associates, Commissioners to locate the new State Insane Asylum, were in Boston last week, and decided to locate it in the eastern rather than the western section of the Commonwealth. The precise locality is a matter yet to be determined.

*Medical Miscellany.*—Mrs. Maria Lynch, of Claremont, N. H., is now one hundred and five years old.—Frequent inquiry is made in regard to Mr. Palmer's success in artificial leg manufacture, in London. Another communication from him may be soon expected.—The manufacture of Benzole is likely to produce striking changes in the manufacture of burning fluids and other branches of domestic economy.—The last number of the American Journal of Dental Science has 168 pages of matter. It is a beautifully printed quarterly, at five dollars a year.—Dr. A. S. Peck, of Holyoke, Mass., has been appointed a coroner. This is presumed to be the first appointment of a medical man to that office, in New England.—A physician of Georgia has been fighting a duel.—Dr. Farnham, of Detroit, Michigan, one of the convicted railroad conspirators, has been sentenced to the penitentiary for 8 years.—There is soon to be published a new work on Surgical Anatomy and Operative Surgery, by M. M. Bernard and Huette, of Paris, with 150 original steel plates.—In Vermont, the deaths the year before the census were 1 out of 90 persons; Rhode Island, 1 out of 66; in South Carolina, 1 out of 48; and in Arkansas, 1 out of 54.—In a small village in Cleveland, England, the clergyman is blessed with 16 children; the clerk, 19; and the sexton, 14; in all, a small "tea-party" of 55 souls, the parents included.

**MARRIED,**—In this city, Oct. 6th, M. Aurelius Moore, M.D., of Boston, to Miss Kate, daughter of Paul Swift, M.D., of Philadelphia.

**DIED,**—At Pine Plain, N. Y., Dr. I. H. Davis, from a puncture of his finger in a post-mortem examination three years ago.—In Westchester Co., N. Y., 16th July, Dr. Gilbert Smith, of New York, for more than fifty years a highly esteemed and popular practitioner of that city.—At Edinburgh, Scotland, Henry Marshall, M.D.; Sir James G. Dalzell, M.D.—In Paris, France, M. Colombat, and M. Baudeloque.—Dr. W. Wood, of Georgetown, Indiana, blown up in a river steamboat.

*Deaths in Boston*—for the week ending Saturday noon, Oct. 4th, 79.—Males, 42—females, 37  
Accidental, 2—apoplexy, 1—disease of bowels, 11—inflammation of bowels, 1—disease of brain, 1—burn, 2—consumption, 14—convulsions, 1—cholera infantum, 6—dysentery, 7—diarrhoea, 5—dropsy, 1—dropsy of brain, 1—drowned, 1—typhoid fever, 3—lung fever, 3—fracture, 1—hooping cough, 1—infantile, 4—disease of the liver, 1—marasmus, 3—poison, 1—scrofula, 1—scald, 1—suicide, 1—teething, 3—unknown, 1—disease of womb, 1.

Under 5 years, 37—between 5 and 20 years, 7—between 20 and 40 years, 21—between 40 and 60 years, 9—over 60 years, 5. Americans, 38; foreigners and children of foreigners, 41. The above includes 8 deaths at the City Institutions.

# BOYLSTON MEDICAL PRIZE QUESTIONS.—

The Boylston Medical Committee, appointed by the Corporation of Harvard University, consists of the following Physicians:—

JOHN C. WARREN, M.D. WALTER CHANNING, M.D.  
S. D. TOWNSEND, M.D. D. H. STORER, M.D.  
G. C. SHATTUCK, M.D. EDW. REYNOLDS, M.D.  
J. B. S. JACKSON, M.D. J. MASON WARREN, M.D.  
and JOHN JEFFRIES, M.D., Sec'y.

At the Annual Meeting of the Committee, held Aug. 6, 1851, no Dissertation had been offered on either of the subjects proposed for the year 1851. The subjects for 1852 are—

1. On the Diseases of the Prostate Gland.
2. Original Researches with the Microscope, illustrative of Anatomy, Physiology, or Pathology.

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1852.

The subjects for 1853 are—

1. On Paracentesis, in Pleurisy and other diseases followed by Effusions into the cavity of the Thorax.
2. On the Use of Cod Liver Oil in Phthisis, and other Diseases of Nutrition.

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1853.

The author of the best Dissertation considered worthy of a prize on either of the above questions, will be entitled to a premium of sixty dollars, or a gold medal of that value, at his option.

Each Dissertation must be accompanied by a sealed packet, on which shall be written some device, or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the Dissertation to which the packet is attached.

All unsuccessful Dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826 the Secretary was directed to publish annually the following votes, viz.:

1. That the Board do not consider themselves as approving the doctrines contained in any of the Dissertations to which the premiums may be adjudged.
2. That in case of the publication of a successful Dissertation, the author be considered as bound to print the above vote in connection therewith.

S3—6t JOHN JEFFRIES, Secretary.

**POND & MORSE—Dealers in Genuine Drugs, Medicines, &c., Main Street, Rutland, Vt.** Physicians furnished as above at the lowest Boston prices. A large assortment of Glass Ware, Surgical Instruments, &c., always on hand.

N. B.—Patent Medicines not manufactured or sold. Sept. 1, 1851. S10—tf.

**NOTICE TO PHYSICIANS AND THE PUBLIC GENERALLY.**—The subscriber, aware of the adulterations practised in preparing and powdering Drugs and Medicines for the market, and the difficulty experienced in distinguishing the pure, has arranged to have most of these articles powdered in his establishment. Samples of drugs in their original state will be kept for comparison, and he has requested Dr. A. A. Hays, State Assayer, to analyze at any time such preparations as may appear of doubtful genuineness, before offering them for sale, thereby insuring to physicians pure drugs and medicines.

WM. BROWN.

481 Washington, corner of Elliot street.

N. B.—With the above arrangement all can be supplied with pure and undiluted medicines. Physicians of Boston and vicinity are invited to call and examine the above arrangement, and see samples of pure drugs and medicines. No one allowed to put up prescriptions except those of long experience and perfect masters of their profession.

☞ The sale of all Fancy Goods and Confectionery is discontinued on the Sabbath. Prescriptions and family medicines sold as usual on that day.

Sept. 4.

**PURE CHLOROFORM.**—For sale by JOSEPH BURNETT, Apothecary, No. 33 Tremont Row. Jan. 5—tf

**A PHYSICIAN**, located about 7 miles from Boston, in a flourishing village, and within a few rods of a railroad depot, will relinquish his practice to any well-recommended practitioner, upon his purchase of real estate at its true value, or less. This offers a good opportunity for any gentleman who wishes a fine residence near Boston, to introduce a son or friend to an ample practice. Inquire at this office. Aug. 20—5t\*

# TREMONT STREET MEDICAL SCHOOL.—

IN BOSTON, OVER 33 TREMONT ROW.—The annual course of instruction in the Tremont School commences this year on the first day of September.

This School was instituted in Boston, in 1838, for the purpose of giving to private pupils a thorough course of instruction, by lectures and examinations, throughout the year. Two hundred pupils, including a large part of the recent academic graduates of Harvard University, who have devoted themselves to the study of medicine, and many others from all sections of the country, have received their professional education, or some portion of it, at this institution. By an act of the Legislature a charter has been conferred upon this School, which is thus enabled to avail itself of all the privileges which the laws of the State have conferred or may hereafter confer upon incorporated medical institutions.

Exercises in the different branches are given daily or oftener, from the close of the University lectures in March, until their commencement in November, with the exception of the month of August, during which most of the usual labors of the School are suspended. During the session of the University Medical School, examinations are held three times weekly on the subjects of the lectures.

The following gentlemen are instructors in this School, during the present year, in the several departments of medical science, forming a complete and thorough course.

JACOB BIGELOW, M.D.  
D. HUMPHREYS STORER, M.D.  
J. B. S. JACKSON, M.D.  
OLIVER W. HOLMES, M.D.  
HENRY J. BIGELOW, M.D.  
SAMUEL CABOT, M.D.  
SAMUEL KNEELAND, M.D.

Practical Anatomy is taught under the immediate direction of the Teacher of Anatomy and Physiology, assisted by the Demonstrator of the Medical School of the University. Ample means of pursuing this important branch of study, and for the practice of the more important surgical operations, are provided without additional expense to the student.

## CLINICAL INSTRUCTION.

This essential branch of a medical education is made an object of especial attention. There will be clinical visits at the Massachusetts General Hospital, in the Medical Department, by Drs. Bigelow, Jackson and Storer, with Lectures at stated intervals; and constant attention to the practical study of Auscultation and Percussion, for which ample opportunities occur in the practice of the Hospital.

Clinical instruction in Surgery will be given at the same institution by Dr. Henry J. Bigelow.

Ample opportunities are afforded for experience in Obstetric practice.

## PUBLIC INSTITUTIONS.

In addition to the medical and surgical practice and operations of the Massachusetts General Hospital, the Students will have admission to the Eye and Ear Infirmary, through the politeness of the Surgeons of that Institution; and also to the institution for the treatment of Diseases of the Skin, by permission of Dr. Durkee.

## MEANS OF ILLUSTRATION.

The large collections of healthy and morbid specimens in the Warren Anatomical Museum, and the Cabinet of the Boston Society for Medical Improvement, will be made available for the purposes of instruction under the direction of Dr. Jackson, the Curator of both these collections.

## LIBRARY.

During the whole Summer term, the Students of the Tremont Street Medical School will have free access to, and the privilege of taking Books from the Library of the Massachusetts Medical College, now consisting of about 1500 volumes, and rapidly increasing by a large annual appropriation, devoted to the purchase of Books most useful and acceptable to the Student.

\*.\* Application may be made to DR. BIGELOW, Summer street, Boston. A new Catalogue of the past and present Members of the School, with other details, may be had gratis, by applying, post-paid, to Mr. BURNETT, Apothecary, 33 Tremont Row, at W. D. Ticknor's Bookstore, or at the Med. Journal Office.

The Room of the School, at 33 Tremont Row, over Mr. Burnett's Apothecary store, is open to Students from 6 A. M. to 10 P. M., furnished with Plates, Preparations, Articles of the Materia Medica, &c.

## TERMS.

For the Summer Term (from March 1st to November 1st), \$90. For the Winter Term (from November 1st to March 1st), \$10. For a Year, \$100.

Boston, August, 1851. aug 27—tf

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, OCTOBER 15, 1851.

No. 11.

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 201.]

IN my preceding lecture I endeavored to portray some of the leading agencies of the mind (through the medium of the brain and nerves) on our bodily structure, and, as far as the impenetrable mysteries of the *modus agendi* will admit, to describe their operations and results. Their extensive variety—their extraordinary manifestations—their morbid and fatal consequences, are daily evinced, and indisputably established; and the more seriously we reflect on them, and the more carefully we contemplate them, the more imperatively are we bound to admit—

“How complicate—how wonderful is man!  
How passing wonder He that made him such!”

We have shown in a few instances how the whole animal machinery is subject to the two classes of nerves—to those which proceed directly from the brain and spinal marrow, and, in accordance with their origin, are termed cerebro-spinal; and to those which are characterized by ganglia, and termed ganglionic. The former comprise that portion of the nervous system which relates to sensation and volition; the latter consist of those which supply involuntary motion, and which are the source of nutrition, and of the movements of the internal muscles over which we have no control. To these Sir Charles Bell has added the “Respiratory”; their functions are separate; and the distinction is demonstrated by the circumstance that the latter can be carried on independently of the former, as has been proved by the physiological experiments instituted by Le Gallois, Sir Benjamin Brodie, Dr. Wilson Philip, and others. There is, nevertheless, a concatenation of the whole nervous system by various minute filaments, connected also with the sanguiferous system; and as the function of secretion is effected by the action of the nerves on the blood, it is evident that the different secretions vary in proportion to the supply of nervous power; hence it is that diseases are established by the combined influence of the brain and spinal marrow, employed as they are in forming the secreted fluids, and in supporting the other processes on which the due structure of every part depends. Hence also arise the phenomena and treatment of disease in general; the restoration of health being, in other words, the restoration of secretions. Now, although I have said



that the functions of the sensorial and of the nervous powers are separate, the sensorial power is capable of impressions on the involuntary muscles through the medium of the sympathetic or ganglionic nerves, as is evinced under the excitement of various mental emotions and passions. Again, the temperature of the animal body is maintained by the evolution of caloric from the blood through the agency of the nerves; for the temperature of any part is reduced by whatever impairs the action of the nerves supplying it; and the whole body is reduced in temperature where the whole nervous system is affected. I merely mention these well-known facts in confirmation of the entire subjection of the body to the mind through its material instruments the brain and nerves, and of the immense and universal influence which they possess and exercise over every portion of the animal economy.

The sensorium, evidently residing in and operating at the source of the nervous power, there receives the various impressions transmitted by the nerves, and there influences those nerves which convey its dictates. Thus all the functions of the nervous and muscular systems, by which we are connected with the world that surrounds us, are constantly subjected to the sensorial power; while the functions on which our life depends (with the exception of respiration, are only occasionally so, and under circumstances in which the will has no control. The muscles of respiration are only partly involuntary, for we can accelerate, or retard, and, for a few seconds, control them altogether, as is instanced in what is commonly called "holding the breath," though the impossibility of existence without the act of respiration very soon compels us to renew it. Were it not that the consequences of the lungs being deprived of atmospheric air predominate over that suspension of sensorial power which occurs in apoplexy, death would be the rapid result of every apoplectic seizure. Yet respiration becomes more labored, slow and stertorous, in proportion as the sensibility of the sensorium diminishes, till the last gasp is heaved, and life is extinct.

Enough has, however, been advanced in support of the power of the mind, and of its material agents. The respiration is instantly affected by it; and all the chaos of passion and of mental emotion is most graphically illustrated (as Sir Charles Bell has demonstrated), through the medium of what he terms the respiratory nerves. Without entering further, therefore, on the physiology of the nervous system, and retracing the ground which has been so assiduously trodden by those celebrated physiologists who have deeply investigated and ably elucidated that obscure yet interesting mine of science, I have determined to take now a view of the mind of man in a state of disease. I have already represented it in many of its fitful vagaries, and attempted, however feebly, to recal its Protean operations to your memory, where, in the zenith of its healthful power, it has partially affected, or wholly subjugated, its fragile encasement.

Over voluntary and involuntary muscles the mind exercises its omnipotence; and be the organ what it may, or the structure what it will, its influence and agency are despotic and supreme! That influence, however, is not confined to it in a state of health, since, when its leading ornament and peculiar human characteristic, reason, has been overthrown, its

many other attributes retain their seat: and memory, perception, volition, passion, sensation, would seem in many instances to have scarcely suffered from the shock. Now, although we began by admitting that the mind and body are distinct, it was also shown that the one was indispensable to the manifestations of the other; and therefore, if its material organ was impaired, the operations of the immaterial tenant would generally be perverted or annihilated. The modifications of disordered action which ensue from its impairment will be principally regulated by the seat of the disease; and a tolerably accurate diagnosis may often be formed accordingly. The form also of the disease frequently betrays the pathology; for the brain, like other organs, being liable to disease of structure as well as to disorder of function, the researches of anatomy have shed a valuable light on the prognosis as well as on the diagnosis of mental diseases.

Insanity exists frequently without any disorganization of the encephalon, is purely functional, and is then infinitely more amenable to remedies; indeed, where it depends on extensive disease of structure, all hope of recovery must be utterly abandoned. Its invasion is generally gradual. There is a period of what has been appropriately termed "incubation"; and this is the period in which it is the most under our control.

That the longer the disease has existed the less is the probability of recovery, is, I believe, universally acknowledged by all who have devoted themselves to this branch of our profession; and the statistics of the malady prove it. Andral considered it incurable after the expiration of two years; but unless it be dependent on lesion of structure, experience leads me to dispute his opinion. That such recoveries are comparatively rare, I am free to admit; but their chances mainly depend on the care, kindness and comfort afforded them. Many paupers, who had been inmates of workhouses for years, considered incurable, and neglected in consequence, have been restored after a few months' residence in a county asylum, where they have been more carefully treated, and more kindly used.

Since, then, the invasion of insanity is generally gradual, the slightest alteration in the habits or natural disposition (especially where there exists an hereditary tendency), should be carefully observed. Few people are phrenologists, but all are physiognomists; and the expression of the countenance, and particularly of the eye, will frequently give the first notice of the incubation. It shrinks from the popular gaze, and catches furtive glances of the visiter; it has a sly, and a fixed and downward look; or it has a vagrant and vacant expression: in some it has a quickness and restlessness; but, be the bias what it may, there is an indescribable character beaming through its glassy surface, which tells the tale to the experienced observer. In the exercise of my office of visiting physician to the asylums in Essex for the last twenty-four years, I have always studied this feature, and have found it most valuable in assisting me to decide on the existence of mental disease, where the aberration has been so slight, or the part of sanity so ably acted, as to almost deceive the magistrates who have accompanied me in my visita-

tions, and induce them in fact to doubt the propriety of the confinement. Dr. Male says, "Insanity may generally be discovered by a wildness in the eyes; very high or very low spirits; extravagant or inconsistent conversation or action. The eyes are sometimes fixed for a long time on one object, and often on vacuity. These first symptoms [he adds] usually pass unnoticed by inexperienced observers; and it is frequently difficult to convince them that the patient is insane, unless his conversation is absolutely incoherent, or his conduct dangerous."— (page 209.)

The appeals of patients for liberty are perpetual, and generally supported by so positive an assurance that they are unjustly detained, that I have frequently had great difficulty in satisfactorily controverting them; and special visitations, independently of those which are appointed by the Act of Parliament, have frequently been required for that purpose. A young lady of singular acuteness and finished education, who held the situation of governess in a family, and was sent to the asylum of the late Dr. Allen, of High Beech, addressed me once in these words:—"I understand, sir, that you are the visiting physician to this establishment, and that one of your duties is to see that no person is improperly confined here. Now, sir, as I assert that such is my position, guage my intellect!" and in the examination which devolved on me, and which lasted a considerable time, I was forcibly reminded of the words of Shakspeare:—

—————"How pregnant her replies!  
A happiness that madness often hits on,  
Which sanity and reason could not be  
So prosperously delivered of!"

In this instance the wildness of the eye was discernible, and at variance with her well-dissembled firmness and self-possession.

The acuteness of the insane in disguising their malady is astonishing. In a case of madness tried at Chester before Lord Mansfield, the patient was so clever that he evaded questions in court the whole day, and seemed to everybody perfectly sane. Dr. Batty, however, came into court, and, knowing the point of the man's derangement, asked what had become of the princess with whom he had been in the habit of corresponding in cherry-juice? Instantly the man forgot himself, and said it was true that he had been confined in a castle, where, for want of pen and ink, he had written his letters in cherry-juice, and thrown them into the stream below, where the princess had received them in a boat. This man had had sagacity enough, during the whole day, to answer correctly all the questions put to him in court, Lord Mansfield being the presiding judge. Even the acuteness of Lord Erskine was insufficient (being unacquainted with his particular hallucination) to detect the insanity of a lunatic who fancied himself to be Christ; and he was indebted for the discovery to the presence of Dr. Sims.

Sleeplessness is another predominant feature in early as well as in matured insanity. The sensorium is too morbidly alive to sanction healthy rest, and the busy imagination is at work by night as well as by day. It is mostly referable to excess of nervous and vascular action in the



brain, like the delirium attendant on fever, and is accompanied by the ordinary indications of preternatural excitement consequent on such excess, and superseding the feeling of exhaustion.

A morbid perversion of the affections and natural feelings, though unattended by any perceptible lesion of intellect, is a very frequent early indication ; nay, so constant is this moral alienation, that it is considered by Esquirol to be the proper characteristic of mental derangement. We observe it vividly marked in puerperal cases, and I have witnessed feelings of strong attachment suddenly supplanted by indications of decided aversion to the husband and children. Utero-gestation of itself, independently of any tendency to insanity, is frequently accompanied by extreme susceptibility of impressions, by peevish irritability of temper, by depression of spirits, and other reflections of the womb on the brain and nervous system.

The state of the mother during pregnancy is frequently also communicated to the infant, even where no constitutional liability to insanity exists ; and it is in the womb that we are to look for some of the modifications of mental disease. The mother, who would otherwise have had the gratification of witnessing the "*mens sana in corpore sano*" in her offspring, had the current of life and circumstances run smoothly during that important condition, will, if subjected to fright, or vexation, or anxiety, or other causes which disturb her mental serenity, give birth to infants whose brain and nervous systems will be liable to convulsive or spasmodic affections ; or, as they advance in life, to imbecility or dementia. This was abundantly proved during the excitement of the French revolution, and is too often exemplified in private life, where the woman has been doomed to suffer unkindness, or unmanly violence, from him to whom she had been taught to look for comfort and support.

In a very considerable majority of cases of insanity in women, much of the disease will, however, be found accompanied by irregularities of the uterine system. This condition arises from, or may be partly attributable to, a state of congestion in which the brain participates, combined with the nervous irritation consequent on an altered state of the system, and is frequently relieved by the abstraction of a few ounces of blood. The practice of venesection during pregnancy (which was more common formerly) would, I have little doubt, tend more than any other measure to prevent both puerperal insanity, convulsions, and other common sequelæ of parturition ; but the lancet has lost much of its pristine popularity.

[To be continued.]

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#### BIOGRAPHICAL NOTICE OF THE LATE DR. LEVI WHEATON.

DR. LEVI WHEATON was born on the 6th of February, 1761, in a house in Benefit street, Providence, which until within a few years was still standing. In 1848 it was removed to the lot in its rear, and replaced by another of the same size and model. His father, Ephraim Wheaton, was the great grandson of Robert Wheaton, an emigrant from

Wales, who settled in Rehoboth about the year 1640. Levi first went to school to John Foster, afterwards Judge Foster, of whom his only recollection was the manner in which he ingeniously avoided flogging his pupils, by compelling the offender to hold both hands clasped back of his neck, and thus stand forth "a fixed figure for the hand of scorn." The next teacher to whom he went, was Dr. Arnold, whose school was kept in a house which may still be seen on the corner formed by the junction of Benefit street with Main street. From Dr. Arnold's he went to George Taylor's. Here his precocious talents seem first to have attracted attention. He was regarded as the most clever boy in the school. In his twelfth year he was sent to grammar school to Theodore Foster, then a student of law, and afterwards United States Senator. Soon after his admission to this school, it passed under the superintendence of Ebenezer David, under whose charge Dr. Wheaton was wont to say he had been more studious than at any other period, and for whom he retained, until the close of his life, the warmest feelings of attachment. In the year 1774 he entered Rhode Island College, where he did not receive his degree until 1782, although, owing to the agitation of the times, he left it in 1776. His class consisted of sixteen—only one of whom, William Wilkinson, of Providence, still survives. Rhode Island College was then in its infancy. Dr. James Manning and Prof. Howell, who may be said to have been its founders, were then acting as tutors, with the sole assistance of one member of the junior class.

The years which followed the time of his leaving College, until the moment when he decided on embracing the profession to which he devoted the rest of his life, seem to have been passed in desultory reading, and, above all, in that favorite amusement of boys of a reflective and serious turn of mind, day-dreaming. Part of this time was passed at Smithfield. In a manuscript autobiography, written about two years ago, he thus speaks of his residence in that place.

"During the winter I lived there, I kept a school for the young cubs of the vicinage. Scarce one of them is likely to be now living, after the lapse of seventy-two years, to vouch for the prodigious learning of this pedagogue of 16. This, and some services rendered in the clerk's office, was, I believe, the first productive labor I ever performed. Many circumstances of this short but interesting period of my life, have suggested the thought of re-visiting the locality, but experience has taught me the futility of such attempts to revive the *past* and *gone*. The probability is, that instead of the waving oak beneath whose shade, and the limpid stream and beautiful cascade by the side of which, I had so often read to the listening Dryads, my only hearers, portions of Homer or Milton, with the varied intonations they inspired, I should now find the stream converted into a stagnant mill-pond, and the venerable oak reduced to lumber about a paltry saw-mill. And could I even find it *materially unchanged*, my old eyes and cold heart could probably only correspond with it in the penitential note of the poor bird who used to sit upon the door-step of my humble dwelling on a summer's eve, and reiterate his self-abandonment—*whip-poor-will*—the note most congenial with my feelings in these latter years of my life."

In 1778, Dr. Wheaton entered the Military Hospital in Providence as a volunteer and assistant of the medical staff of the army. He had, amidst the other books which he had read, perused quite a number of medical works, the principal of which were Cheselden's Anatomy, Boerhaave's Aphorisms and Van Swieten's Commentaries, the standard works of that time. He had also a chance of seeing something of the practice of a friend and neighbor, Dr. Hewes. Thus, although his knowledge of the science must have been slight, he seems to have done good service at the hospital under the direction of Dr. Francis Hagan.

The summer of 1779 he passed at Westerly, studying medicine with Dr. Babcock. Of his residence there, he has left an account in a letter addressed to Mr. Updike, and published by that gentleman in his "History of the Narraganset Church." In the following year he completed his medical studies, under the care of Dr. William Bowen, of Providence, and received his degree.

During the two succeeding years he was engaged in the public service, being employed as surgeon on board the private armed ships, which then constituted almost our only navy. In the autumn of 1782, while cruising off our southern coast, he was taken prisoner by the British frigate Vestal, and carried into New York. The charge of one of the prison-hospital ships (the Falmouth) was entrusted to him for some months, and it was always with pleasure that he recalled, that it had thus been in his power to render some good offices to his imprisoned countrymen.

At the close of the war, he was invited by the first settlers in the town of Hudson, in the State of New York, composed of wealthy gentlemen from Nantucket, Martha's Vineyard, and Providence, to establish himself among them. This invitation was accepted, and after remaining a few months at Hudson, he returned to Providence, and was married at Newport by the Rev. Samuel Hopkins, in 1784, to Martha Burrill, to whom he had been engaged for some time previous. He immediately went back to Hudson with his young wife, and resided there until the summer of 1795, when he removed with his family to New York. He remained two years in that city, when he was induced by the urgent solicitations of his friends to return to Providence, there to practise his profession. Here, with the exception of occasional visits to different parts of the country, he continued to live until his death. Had he remained in the State of New York, his name would unquestionably have been more widely known. Whilst there he associated with the most distinguished men of the day, Alexander Hamilton, Aaron Burr, Ambrose Spencer, the Van Rensselaers, &c., and it is highly probable that his arduous and impetuous temperament would have led him to take an active part in politics.

During these years, he had his share of the afflictions and sorrows of human life. His home was more than once made desolate by the angel of death. Two beloved sons were taken from him in the flower of their youth, the one in 1817, the other in 1828. In 1837 he lost his wife, and three years ago, at a time when his age seemed to designate him as the first of his family who was to pass from this



scene of suffering to a better world, it pleased God to send him an affliction—perhaps the heaviest he had ever had to bear—from which he never recovered.

Taken as a whole, however, his life may be said to have been as happy as that of most men. With the exception of a bronchial affection, with which he had been more or less troubled during the greater portion of his life, his health was good, and in the riches of his well-stored memory, or the new thoughts suggested by his daily reading, he found a never-failing resource against the sad recollections of the past, or the dark forebodings of the future, which would at times intrude themselves on his mind.

No one more deeply lamented than he did himself not having left some monument in writing of his talents and acquirements. In his journal, Oct. 1, 1850, he says :—

“I never had more of the *cacæthes scribendi*, and never less power to indulge it. ‘*Procrastination is the thief of time*,’ as I have often said, and now feel. I once had head and hand to do something in this way ; now I have neither. I once had the vanity to quote Virgil :

\* \* \* \* Tentanda via est que me quoque possum  
Tollere huma.

“But it has proved a dream, and like the visions which pass through the ivory gates of the past, never realized, but long since lost and forgotten. Instead of concentrating my thoughts on one interesting subject, turning it from side to side in every point of view, considering it in all its bearings and relations, until I had made myself master of it ; in short, instead of writing a *book*, which might have done honor to my name and memory, I live to regret that I have wasted days, and years, and midnight oil, in desultory reading, with little other object than present amusement, with a mind passive rather than active, my brain a thoroughfare for other men’s thoughts without exacting toll.”

Up to the last days of his life he retained his faculties unimpaired, reading, from seven to eight hours a-day, all the new works which came out, and commenting on them in his note-book. The last entry we have found in this note-book is dated August 20th, only eight days before his death. In it he notices Mr. William Ware’s late publication on the Capitals of Europe, and alludes especially to the preface, in which the author condemns our disagreeable national habit of chewing tobacco. As an instance of the manner in which Dr. Wheaton endeavored to profit, even at his advanced age, by any useful advice, we would mention that he himself renounced this habit, in which he had freely indulged for many years, in consequence of reading this passage.

He never lost that respect for religion which he acquired from his parents, although his religious views had nothing of that sectarian spirit which marked those of his family. His death was that of a believer. However much he may have desired to have his life prolonged—for the love of life increases with years—he did not fear to die. Retaining his consciousness until the last, he passed away so quietly that the by-standers could hardly say at what moment his spirit had taken its flight.

## BIOGRAPHICAL NOTICE OF THE LATE DR. ALPHEUS F. STONE.

Read before the Franklin Medical Association, at Orange, Oct. 1st, 1851, by STEPHEN W. WIL-  
LIAMS, M.D., of Deerfield, and communicated for the Boston Medical and Surgical Journal.

## GENTLEMEN, MEMBERS OF THE FRANKLIN MEDICAL ASSOCIATION.

As Vice President of this Association, it becomes my painful duty officially to announce to you the death of our late President, Dr. Alpheus F. Stone, of Greenfield, one of the founders of this Association, and one of the most venerable and eminent physicians in our county. This event took place on Friday morning, Sept. 5th, 1851. He met death with the utmost calmness and serenity, after an illness of about three weeks. His complaint was typhoid or enteric fever.

In the death of Dr. Stone, we have all of us to deplore the loss of an eminent and learned physician, and a most worthy and estimable man. He was the friend and intimate of most of us, and one of our most distinguished counsellors in the profession of medicine. To me his loss is irreparable. I knew him long, and I loved his noble spirit. For the last twenty years, in cases of dangerous sickness among my patients, when I could avail myself of his advice, I always employed him as my counsellor, and I have reason to believe and to be thankful that my confidence was never misplaced. I have counselled with him, both among my own and his patients, more frequently than with any other physician, except my late honored father, and many are the scenes of sorrow and of joy which we have passed through at the bedside of patients, as they have been gliding from life to death, or from dangerous sickness to health.

The virtues and excellent qualities of Dr. Stone will live long in the memory of his friends and acquaintance, and will speak his eulogy. His fame requires no panegyric from my pen, nor could I do him justice, were I to attempt it. I trust that, in relation to myself, I may be permitted to say, in the language of Ames on the death of Hamilton, "The tears which flow on the recital of his death will never dry up. My heart, penetrated with the remembrance of the man, grows liquid as I write, and I could pour it out like water."

Dr. Alpheus Fletcher Stone was born at Rutland, Worcester County, Mass., on the 7th day of May, 1778. In early life he exhibited a love of reading and reflection, and he prepared himself for the study of medicine agreeably to the requisitions of the Massachusetts Medical Society. Previous to the commencement of it, he taught school in Connecticut. He came to Greenfield about the year 1798 or 1799, and entered the office, as a student of medicine, of his brother, the late Dr. John Stone, formerly of Greenfield, but late of Springfield, one of the most eminent physicians in the county. After about two years pupillage, the customary term of study at that time, he commenced the practice of medicine at Greenfield, on Christmas day, 1801, and he remained there in active and laborious service to the day of his death. About the year 1802, the epidemic dysentery prevailed extensively and with great malignancy at Greenfield, and the neighboring towns. This introduced him into an extensive run of business, which he retained the rest of his life—a period of about fifty years—longer, I believe, than any other physician ever

practised in this county. It was my intention, had he lived, to have proposed to the physicians of the county of Franklin, a semi-centennial celebration of his fifty years' services in the practice of our noble profession. But, alas! his death has caused his funeral services to be performed before the celebration would have occurred.

Dr. Stone was early inducted into the practice of obstetrics, and a more successful practitioner in this department never resided here. His more than 2000 cases in obstetrics show that he has been more extensively engaged in this branch than any other physician in the county of Franklin, and he probably has seen more tedious, varied, and protracted cases than any of his professional brethren in this section of the country. If he was more successful in one branch of his profession than another, it was in the diseases of women and children. He had a most happy faculty of endearing himself to the latter. His urbanity to his patients, and even his appearance in the sick room, often inspired them with the utmost confidence in their recovery. As a consulting physician, for the last twenty-five years, his business was very extensive. He was on terms of intimacy and friendship with almost every regular physician in this and the adjoining counties, and they placed great and deserved confidence in his opinions. In consultations, he was one of the most punctual men living. In very frequent meetings of this kind with him for many years, I have never known him to be more than fifteen minutes behind the appointed time. His rule in relation to consultations was, however great the distance he had travelled, never to wait more than one hour for the attending physician; then, if he did not arrive, either to give his opinion and prescription in writing, or propose another day for consultation. When he said nine o'clock, he never meant ten. It is needless for me to dwell upon the importance of this trait in the character of any physician, as the virtue, for so I may call it, of punctuality, must commend itself to every reflecting mind, not only in visiting patients, but in the meetings of societies, and in all the ordinary transactions of life.

In the year 1814, he became a fellow of the Massachusetts Medical Society, and he always entertained for this Society the highest respect and esteem. For more than twenty-five years he was one of its Counsellors, and he was often placed by it on important committees. He took an active part in the formation of the District Society in this county, connected with the State Society, which connection took place in April of the present year, and he was chosen Librarian and Counsellor in it. In 1813, he was elected an honorary member of the American *Æsculapian Society*, in the city of New York. In 1825, he received the honorary degree of Doctor of Medicine from Williams College, in connection with the Berkshire Medical Institution. In 1849, he was appointed by the Massachusetts Medical Society a delegate to the American Medical Association, which met at Boston that year; and on the 1st of January, 1851, he was elected the first President of the Franklin Medical Association, a meeting of which we are this day attending. You, gentlemen, can testify to the fidelity, zeal and ability with which he has discharged the duties of his office. These are some of the honors that have been conferred upon him by distinguished societies and institutions. But a



still higher honor attended him in the approbation of his own conscience, in the honorable practice of his profession, in his opposition to quackery in all its forms, in the satisfaction he has given his employers, and in the approbation of his fellow practitioners, which is the best possible criterion of professional worth. No man has passed from our midst whose loss will be more deeply deplored by his professional brethren. He was the link which bound the elder and younger members of the profession together. He was the intimate friend of the venerable Dr. Henry Wells, of Montague, one of the best physicians which Massachusetts ever saw, who died in the year 1813; of Dr. John Stone, Drs. Haynes, Bates, Allen, Childs, Williams, and many others of the elder physicians, and also of the junior and cotemporary medical practitioners in this county. That he kept pace with the great improvements in his profession, is evinced by his large, select, and valuable medical library, which contains, in addition to some of the best standard medical works, the most approved and valuable medical periodicals of the day, from the year 1800 to the present time. At the time of his death he was taking the London Lancet and the Boston Medical and Surgical Journal. He always derived great pleasure in studying and reading the books in this library. Like most of the older members of the profession in this section of the country, he omitted to publish many of the results of his observations and practice, which is deeply to be regretted, as the details of most instructive and interesting cases are thereby entirely and forever lost. This omission of recording and publishing important cases, I hope will not pertain to the surviving members of the profession.

Dr. S. buckled on the professional harness early in life, and, as he always wished, he remained in that harness until his last sickness prevented him from attending to the calls of the sick. As in consultations, so in his ordinary practice, he was one of the most punctual of men; and however severe might be the raging storm, or however cold and inclement the weather, by night or day, nothing but sickness prevented his immediate attendance upon his patients, however great their distance from him.

In stature, Dr. Stone was about the medium height. Even at the age of three score years and ten, he had all the vivacity and vigor of youth. He could mount a horse at that age with as much ease and agility as most men can at forty, and his usual rate of travel on horseback was eight miles an hour. He had always a youthful look and appearance; was erect in person, and but few grey hairs were to be seen on his head at the time of his decease.

Doctor Stone was three times married. His first wife was the only daughter of Beriah Willard, Esq., late of Greenfield. She died in little more than a year from the time of their marriage. His second wife was Miss Harriet Russell, of Rutland, Mass., who died not far from the year 1817. By her he had two sons and three daughters. Catherine, his second daughter, was cut off in the bloom of youth and womanly beauty, by that fell destroyer, pulmonary consumption, about three years ago. This was a most severe and trying affliction to the doating father. His third wife was Miss Fanny Cushing, the widow of the late George

Arms, Esq., of Deerfield, to whom he was married not far from the year 1820, and who still survives to mourn his loss. By her he had two sons and three daughters. One of the sons, Capt. Charles Stone, after graduating at West Point, served with great distinction throughout the Mexican war, and was afterwards sent on furlough to the various countries and governments of Europe, to perfect himself in military science and tactics. He is now stationed with the American army at or near San Francisco, California. He has yet to learn the melancholy tidings of the death of his beloved father.

Dr. Stone's funeral was attended at the Episcopal church, in Greenfield, of which he was a most worthy and devoted member, on the Sabbath succeeding his death. The concourse of mourners, of neighbors, and of friends, was the greatest which ever assembled in the town, and perhaps in the county, on such an occasion. He was buried under the ceremony of Masonry and Odd Fellowship. His horse, on which he always rode in the latter years of his practice, with the same saddle-bags which he carried almost or quite the whole time he continued in practice, was led behind the hearse. This sight added greatly to the melancholy interest of the funeral procession, and drew tears from many a friendly eye. The funeral services were performed by his venerable friend, the Rev. Dr. Titus Strong, who had been on terms of the most endearing friendship with him for a period of nearly forty years, assisted by the Rev. Dr. Croswell, of Boston. Just as the sun was setting in all its splendor, the remains of our beloved brother were deposited in the cold and dreary grave, and the clod of the valley now rests upon his bosom. Departed Spirit, farewell! We mourn thy departure, and drop the tear of commiseration with thy much afflicted family.

Dr. Stone is, alas! no more. He has gone to join the kindred spirits of those who have gone before, in the regions of the happy, where "the just are made perfect." Let us resolve, on our part, that we will remember him with affection and love, and that we will emulate his excellences and virtues.

Permit me to offer the following resolutions:—

*Resolved*, That in the death of Dr. Stone, medical science mourns the loss of one of its brightest ornaments.

*Resolved*, That this Association remember with gratitude and the deepest respect his character as a physician and a man, that we tender to his much afflicted family our deepest condolence and sympathy, and that a copy of this announcement and of these resolutions be presented to them.

*Voted*, To request the Editor of the Boston Medical and Surgical Journal to publish the eulogy delivered this day, by Dr. Stephen W. Williams, before the Franklin Medical Association.

#### EXTERNAL PRESSURE AS A HELP IN DIFFICULT PARTURITION.

*To the Editor of the Boston Medical and Surgical Journal.*

It often happens that a woman in labor lacks but very little of being able to evacuate the uterus by her own expulsive force, and the little help

that she wants may be most conveniently and safely rendered by a judicious swathing of the abdomen. The end may be obtained in this way. Take, for a swathe, a sheet, and fold it in one direction till it is reduced to about a quarter of a yard wide, retaining its whole length in the other direction. Lay this smoothly on the couch, so that the woman shall lie across the middle of it on her side. Then raise up the two ends of the swathe and bring them over her so as to cross on her hips, and give the ends to two assistants. If it is well adjusted they may use considerable force without any inconvenience to the patient, but rather the contrary. It is the most comfortable support to the back she can have, and every pound of pressure smoothly and justly made on the abdomen is at least as good as so much traction on the child.

Another important consideration is that the expulsive action of the uterus is by this means increased, as is sometimes done by friction. The writer has resorted to this means in a large number of cases with decided advantage, and has not in a single instance met with any untoward circumstance, although the force applied has in some cases been about as much as two assistant women could apply. It may sometimes save the use of the forceps or of "turning," and is a less serious undertaking, even with the smallest experience and judgment.

Lynn, Mass., Oct. 6, 1851.

D. PERLEY, M.D.

#### FREE MEDICAL COLLEGE IN MICHIGAN.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Circumstances recently called me to Ann Arbor, Mich., where I became acquainted, for the first time, with the nature and prospects of the medical department of the University located there. My heart was rejoiced to behold the rich promise of good to the world there exhibited. I observed your Journal lying on the table of one of the professors. You may, therefore, be posted up in this matter; but many, like myself, may not be aware of the extraordinarily favorable opportunities there afforded to medical students. I need not say to you that I am interested in this no more than in all other institutions, and write without instigation except for the public good. It seems that the State of Michigan appropriated certain lands to the founding of a university, the tuition in which was to be, and is, free—not to the sons of Michigan only, but, with true public spirit, all the world may enter its doors without money and without price. Prosperous villages sprang up on and in the vicinity of these lands, and hence an immense fund has accumulated, and is still accumulating. This enables those having charge of the matter to carry out the plan upon the most magnificent scale, so that there is abundant promise that ere long every department of the University will in all respects eclipse the oldest institutions of our land.

Ann Arbor is not only one of the most beautiful villages in Michigan, but delights the visitor as much as any throughout the length and breadth of the United States. It is remarkably healthy, both physically and morally. Its society is above the ordinary. It is not a small ad-



vantage to the student attending here, that the University is regarded with great and universal approbation by the citizens. Being in the centre of the wheat-growing region, the means of living are very abundant and cheap. The *best* of board is had at \$1,50 per week, including everything.

At a respectable distance from the business and busy portion of the village, the University grounds have been selected. Forty acres, of a very rich character of soil, are enclosed, and adorned with shade trees, the beautiful gardens of several of the professors, and the magnificent buildings in which the instructions are given. In front, the literary department occupies several very large and imposing edifices. The medical department is as yet found in one large and beautiful structure, at the opposite side of the grounds. Accommodations are there afforded for from 300 to 500 students. A very fine set of illustrative apparatus has just been added to the stock of the several professors, and very large and delightful rooms are being finished for convenience in dissecting, the material for which, I was told, would be quite abundant. The ample grounds about the college afford a grand opportunity for the perfecting of a splendid botanical garden, which is being laid out, and which will, without doubt, as soon as time permits, be the pride of our country. I speak in this strong manner, as the means are abundant for accomplishing anything that is desirable, and the inclination seemed corresponding. In regard to the professors, I need not say anything, as you are probably better acquainted with them than I am. It seemed to me, however, that here was afforded one of the best places, if not, all things considered, *the best* place for a student to acquire a thorough education, of any in the country. All that the University offers is without pecuniary charge. All that she requires of a student desirous of enjoying the privileges, and the highest honors conferred, is, that he be *qualified to receive them*. A young man can now, therefore, have no excuse for not qualifying himself thoroughly for the high and noble duties of the practising physician. He can do it without expense, except for board and clothes, which is so light that a little labor is sufficient to enable him to dress in the most judicious manner, and live as well as he could wish. He can therefore graduate unembarrassed by debt, and be at once a blessing to the world, and respected as a full man in his profession. If the distance and expense of travelling be objected, let it be considered that travelling is one part of education that should not be neglected. It also costs but little in these days to go through the length and breadth of the land. I understand, also, that it is contemplated to make an arrangement with the boats and roads, by which students shall be carried at half price. This whole prospect gives me great pleasure. Hitherto the medical student has not been able to acquire his professional education as cheaply as those of other professions. Hence a limited education has burdened a poor but talented young man with debt, and he has stopped, from sheer necessity, in the midst of his course, or with a pretended finishing, and always regretted the hard necessity under which he was placed. It will be so no longer. Again, our professors have been meagrely enough paid, as a general thing (too

much in some cases), and could not from limited means do what their hearts would desire. But now, while the student finds himself well educated, he will also know that his teacher is well paid for his labors.

Since I have written to you my thoughts, I regret I have not been more particular in respect to details ; but any one desirous of learning them can do so, I presume, by addressing either of the faculty, My only wish has been to draw the attention of medical students and their preceptors to the rich advantages which it seemed to me they could derive from the source indicated.

Yours truly, T. S. LAMBERT.

#### THE ETHER DISCOVERY.

[WE have been permitted to copy the following letter, addressed to Dr. Charles T. Jackson, of this city, by Sir Charles Lyell, of London, The opinion expressed by this distinguished geologist, derives additional value from the well-known fact, that Sir Charles was originally educated in the law, and is therefore eminently qualified to sift legal evidence. The friends of Dr. Jackson are happy in believing that all further disputes, concerning priority of discovery of anæsthesia by inhalation of ether vapor, have been ended, by the final award to him of the discovery of this means of alleviating human suffering, by the Academy of Sciences of France. In the words of Prof. Whewell, the Historian of the Inductive Sciences, it may be said—

*“I do not concede that experiments of verification, made after a discovery has been clearly brought to view by one person, and devised by the discoverer, and committed by him for performance to another person, give the operator a right to claim the discovery as his own.”]*

11 Harley street, London, 5th April, 1850.

MY DEAR SIR,—Since you were so kind as to send me your pamphlet, proving your claims to the ether discovery, I have been much occupied with family affairs, having lost both my father and mother, who died, each of them, at an advanced age.

I was really very glad to have so clear and unequivocal evidence to show others of your claims to priority, for I and some of my friends had, in our correspondence with the United States, had such distinct statements made to the contrary effect, that although I suspended my own judgment, and did not take any part or offer any opinion, I own I was surprised to see how very unfounded were the rival pretensions.

The discovery, leading as it did to Chloroform (which I believe many of your practitioners regard as a doubtful improvement in the way of substitute), I regard as one of the greatest ever made, and in nothing do I think the love of progress and of welcoming new ideas has been more advantageously displayed than in the extent to which the Americans have made use of this method of alleviating human suffering, beyond the people of this country, where prejudice and religious bigotry and Rabbinical notions have most severely impeded its adoption, and most particularly in London, where the medical men have displayed a want of moral courage truly deplorable.

I was glad to hear, from more than one quarter, that you had been successfully pursuing your scientific studies bearing upon my own department. Pray remember me to Dr. G., or to any of my Boston friends whom you may see, and believe me

Ever truly yours,

[Signed]

CHARLES LYELL.

Dr. C. T. Jackson, Boston, U. S. A.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 15, 1851.

*Quacks and their Modes of Treatment.*—Dr. Lambert, in his popular works on Physiology, has always taken decided and praiseworthy ground against quackery and in favor of a learned and well-qualified medical faculty. In the following extract from one of his latest publications, some pertinent queries are proposed, which it is hoped will receive the attention which they deserve from many of the numerous readers of his book.

“If these things which are told of medicines, or of what are called systems, were really true, could it be possible that persons would be at so much expense and trouble in advertising their wares and cures? If a person had medicine which would always or even often cure consumption, or could always cure scarlet fever, if he were so inhumane as to keep how he did it a secret, would it be necessary for him to trouble himself about money? Could he not go to an hospital, and by a few cures have his name celebrated throughout the country, so that money would pour in upon him in countless measure? So, also, if those ignorant persons who impose on the still less intelligent, by pretending to see the color of the organs in the body, and the disease which affects them, believed what they tell us, would they take the course they do, or would they take a course which would not only be honorable, but secure to them untold wealth, the still more valuable love of a grateful public, and hand down their names to a never-ending future? What shall be done with such base impostors, who waylay the unwary invalid in his search for health, and who is suffering too much to discern between him who truly sympathizes with his misfortunes and the artful inhuman who wishes to prey upon them, and who, with hypocritical face, laughs in his sleeve as he hears his mistaken victim lavish gratitude upon his pretended benefactor? What shall be done? Why should not the laws of the country, against obtaining money under false pretences, be brought to bear on them? Why should the lesser offender, and certainly the more honorable, be branded with ignominy, and incarcerated in prison, justly shut out from society, while the more artful and greater curse goes at large and is unwhipped of justice?”

*Transactions of the Medical Society of Pennsylvania.*—This is a pamphlet of 128 octavo pages. It is the first volume of an intended series, and contains some excellent matter. Medical works are rapidly accumulating in this country. The collections of public and private associations, together with the researches and contributions of individuals, are constantly



adding to the stock, and must finally constitute a vast treasury for the profession to draw upon. There is reported in this volume the business doings of the Society, embracing the election of officers, actions upon certain resolves, and the reports of committees. Dr. Worthington's address is well enough, but not remarkable for its originality. Gentlemen may write beautifully about purifying the profession—but it is not easily accomplished; nor can those be elevated who have no desire for it. The author of the discourse evidently has in his mind certain plans, which possibly might make all the physicians in the world quite respectable. Unhappily, there are many who cannot or will not conform to the opinions of the majority, and consequently some of the regular practitioners of medicine will remain excessively irregular. Next follows a series of nine sanitary reports on as many counties, and comprising incidental matters that come legitimately within the domain of physicians. A history of local societies, the number of practitioners within certain districts, the ratio they bear to the population, and the actual state of the public health, are each and all of them alluded to. This publication, therefore, to the medical men of Pennsylvania, must be particularly valuable. It is on a plan that might be copied to advantage by societies in other States. Some remarks about obliging medical students to pursue a longer term of study than is generally required, is caught sight of, but the recommendation of the American Medical Association to lengthen the lecture term to six months, is of too much consequence to be casually alluded to. This publication will be a memorial, to look back upon, of the industry and collective wisdom of the Pennsylvania State Society.

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*Pictorial Anatomy and Physiology.*—A series of plates, three feet by two, in permanent oil colors, twenty-five in number, have been recently brought out by Dr. Lambert, for physicians, lecturers, schools, &c., and are represented to be excellent—but as we have not seen one of them, we cannot speak so decidedly as we may hereafter. Anatomy and physiology are two of the popular studies of the day. Even young ladies begin to chat about physiological laws, anatomical structure, &c., which is all very well, if they understand what anatomy and physiology are. A smattering of terms, without a comprehensive knowledge of the complicated mechanism of our bodies, is merely sound without substance. It has been an accomplishment for some years to converse wisely upon conchology—that is, use, on all proper drawing-room occasions, as many hard words as those who pedantically employ them, can remember. But there is no science in such displays, nor common-sense advances by such people in useful knowledge. If it has been fashionable to learn the elements of anatomy and physiology in the same superficial manner, these plates, and such like appliances, are immensely useful in fixing in the mind a right idea of individual organs, their general relations and functions, which cannot be gathered by merely reading a descriptive book, however excellent or appropriate it may happen to be.

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*Gregory's Chemistry.*—We hail with peculiar satisfaction every new work upon the science of chemistry. Perhaps the volume to which these observations refer, may have some influence in awakening those, who have been slumbering a long while, to the importance of studying

with earnestness the field that it opens to them. "Outlines of Chemistry for the use of Students, by William Gregory, M.D., of the University of Edinburgh, first American from the second London edition, revised, corrected and enlarged by J. Milton Sanders, M.D., of the Medical Institute of Cincinnati," from the press of H. W. Derby & Co., of that city, is a neatly-printed, and, we believe, a valuable publication. At first it may strike the student that it is too technical, abounding frightfully in combinations, in definite proportions, and the signs of equivalent numbers; but a more thorough investigation is sufficient to enable one to master the apparent mystery of chemical expression, and then the whole system becomes beautiful and fascinating. The atomic theory is another of the bugbears in the path of a person who is supposed to know something of the elements of chemistry, but who, as often as otherwise, knows nothing at all. We have been particularly gratified with the little the author has said on this subject. The paths of science, like the highways of a country, ought to be broad, smooth, and free from ruts and boulders—as much so, at least, as is consistent with thorough study; and those who write upon any department of knowledge, essential to a finished education, in this superficial, but exacting age, should endeavor to make it plain, and as easy of attainment as possible. It is one of the misfortunes of the times that we waste much of our lives, at their very commencement, in learning the names of things, instead of the things themselves. In learning the exact sciences, embarrassments are sometimes thrown in the way by the very persons who teach and expound them. In chemistry this is particularly the case. Efforts should be made to render this study more charming to American students. Sir Humphrey Davy was overwhelmed with the multitudes who rushed to hear him. Berzelius, that extraordinary man, the pride of Denmark, and an honor to the world, who was turned out of school because he was such a stupid fellow that the master could teach him nothing, and whose first communications on chemistry to the Royal Society of Copenhagen were refused insertion in their transactions, struck upon the true and beautiful pathway that led to the treasury of nature. And at the present moment, Mr. Faraday, who is exclusively devoted to chemical researches, and imparts his knowledge in the some judicious way, takes the lead of all the public lecturers and professors in England. These facts show that the matter exists, and with us we want it brought out and conveyed to us in the manner it might be, that our profession may understand its great value. With these convictions, it would be a great dereliction of duty, not to recommend this treatise to our young medical friends.

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*Study of Anatomy in Egypt.*—At the time when Mahomet Ali was persuaded by Clot Bey to organize a school of medicine in Cairo, the old man consulted the council of the Ulama, or learned men of the orthodox sects, in regard to the legality of dissecting human bodies, for the purpose of anatomical knowledge. They decided that it would be repugnant to religion. However, he said nothing, and gave directions to his surgeon to proceed. He had the united force of Musselman prejudice and Moslem bigotry marshalled against him; but he was the pillar that sustained the entire fabric of Egyptian government, against whose orders no one dare raise the voice of remonstrance, however much they might growl over an infraction of the Koran. He lived long enough to have his bigoted sub-

jects become familiar with dissections and till the four orthodox sects of the Hanafees, Shafees, Mâlikees and Hambelees, had lost their influence over the ignorant rabble of the metropolis. Anatomical pursuits are now conducted there on a proper scale, and under fewer restrictions than in several of these United States, where a physician and surgeon are required to understand anatomy in order to practice, and yet they are liable to prosecution, to fine and imprisonment, for doing precisely what they are required to do. Mahomet Ali was in advance of the age in his own dominions, and far wiser and more liberal than some of the enlightened, christian legislators of these United States.

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*Statistics of Fracture of the Leg.*—From Dr. F. Hyde's report on Surgery for Cortland County, N. Y., made to the "Medical Association of Southern Central New York," at its late Annual Meeting, and whose Transactions, which we may again refer to, are just published, we copy the following:—

"Out of twenty cases of fracture of the bones of the leg, in fifteen fracture of both bones existed; in two, the tibia only; in three, the fibula alone. One of the cases was compound, one in which comminution of the tibia existed. All the others were simple. They occurred in patients between one and sixty years; one half being above thirty. Sixteen were in males, four in females. In the majority of the cases, the fracture was below the middle of the leg. In eight cases, the felt splints were used, the leg being semi-flexed. In one case, in which the fracture extended into the ankle joint, slight thickening, with some degree of immobility of the joint, continued for several months, but resulted in the recovery of the joint. In another instance, in which the fracture was near the head of the tibia, with severe contusion of the knee joint, much stiffness of the joint remained for a few months, without deformity, and resulted finally in the recovery of a good joint. In one case, which had been properly reduced and dressed, from an accident, the fragments became displaced, and a second reduction was not permitted by the patient; result not known. In one case, where the fracture was near the ankle, there was slight incurvation at the site of the injury, but it did not affect the gait. The balance of the cases were treated in the bent position, one half of them; the others in the straight. In a case of fracture of the fibula, and comminution of the tibia, about two and a half inches above the ankle joint, with severe contusion of the soft parts, the lightest dressings rapidly produced vesication and other symptoms of mortification. Jarvis's Surgical Adjuster was used in this instance, for retaining the fragments. In addition to the excoriation and ulceration, by the pressure, even so lightly applied, there was additional difficulty in keeping the proper adjustment of the parts, on account of the general violent spasmodic action of the entire system, whenever he fell asleep. He was laboring under heart affection, which contributed to this complication. Slight deformity was left, by protrusion of the middle fragment, which could not be retained *in situ*, from the utter intolerance to pressure. The dressings were removed at the end of two months. There is a little stiffness of the ankle joint.

"There have been two cases of fracture of the os calcis. One in a male, aged fifty; cure perfect. In the other case, a severe inflammation of the ankle joint supervened. The patient was unable to use the foot for two months, but finally recovered its use."



*Medical Miscellany.*—Chancellor S. Barber petitioned the Supreme Court of New London County, Ct., for divorce from his wife, Phœbe A., on the ground that she is guilty of habitual intemperance and the excessive use of morphine, which, under the Connecticut statute of 1849, furnished good cause of divorce. Judge Church denied the petition, for the reason that the practices complained of were encouraged by the petitioner himself, and the result of his own fault and negligence.—The Connecticut Reporter speaks of the death of the *great cancer doctor* (!) John Cox, of Bristol, who was killed by being thrown from his carriage.—Forty acres of beautiful woodland, lying at the north end of the city of Columbus, Ohio, has been given by Dr. Goodall to the authorities of that place for a public park.—Surgeon Kane, of the recently returned Arctic Expedition, saw a Dane, in the Polar latitudes, over 70 years old, who has passed 55 years of his life north of 73 degrees, and has lived exclusively on animal food the whole period; never having once seen a vegetable in the fifty-five years.—The venerable Dr. Nott, now in the 97th year of his age, was present at the celebration at Hartford, Ct., on the 4th ult., and closed the services in the church by pronouncing the benediction.—A Catholic priest, 110 years of age, preached at Dayton, Ohio, a few days ago.—In the last quarter, there were at the Chelsea Marine Hospital, under the care of Dr. Ingalls, 219 patients; of whom 7 died; 102 were discharged, well; and 61 remain.—Professor Simpson has offered, through the President of the English Medico-Chirurgical Society, £100 to any one who shall read a slip of paper enclosed in a box, and containing a line of Shakspeare.—There are forty-five students attending the present course of medical lectures at Dartmouth College. Prof. O. P. Hubbard will please accept our thanks for a catalogue.—Dr. Bath, who is travelling in the interior of Africa, and who has been among the Taurick Arabs, inhabiting an oasis in the desert of Sahara, says they are the most savage and powerfully muscular men in the world, and yet their food is nothing but a few dates and camel's milk. They are also the most athletic, powerful and warlike race in all Central Africa.—A gold medal, weighing two ounces and a half, has been presented to Dr. C. T. Clark, in consideration of his valuable services to South Carolinians during the war in Mexico.—Dr. Samuel Nichols has been appointed Postmaster at Bellows Falls, Vt.—A chest of imperial tea has been sent to Dr. C. T. Jackson, from China, in acknowledgment of the value of the ether discovery.—The self-priming musket, invented by Dr. Maynard, of Philadelphia, is creating some interest in the World's Fair. Doctors contrive to have a good deal to do with whatever is progressive in the arts or sciences.—Yellow fever is raging at Oporto.—Prof. Silliman, Jr., has returned from his European travels, and will soon repair to Louisville, Ky., preparatory to the opening of the session for lectures in the medical department of the University of that city. He is said to have added to his previous extensive apparatus for chemical instruction during his absence.—Dr. Bennett Dowler, of New Orleans, has been appointed to the chair of Physiology and Pathological Anatomy in the Memphis (Tenn.) Medical College.

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TO CORRESPONDENTS.—Communications have been received from Drs. Gideon B. Smith, S. J. W. Tabor, A. I. Cummings, and Milton Fuller.

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MARRIED,—At Louisville, Ky., Dr. Robert P. Hunt to Miss S. A. Ward, formerly Mrs. Lawrence, of Boston.—Dr. C. H. Maples, of Hartford, Conn., to Miss J. Allen.—Prof. Silliman, of New Haven, Conn., to Mrs. S. I. Webb.—In Buchanan County, Mo., Paul T. Taber, M.D., late of Albany, N. Y., to Miss Elizabeth K. Wright.

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DIED,—Near Columbia, Tenn., of typhoid fever, Dr. William W. Tyler.

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*Deaths in Boston*—for the week ending Saturday noon, Oct. 11th, 62.—Males, 34—females, 28. Accidental, 4—disease of bowels, 5—inflammation of bowels, 1—disease of brain, 2—burn, 1—consumption, 15—cholera infantum, 1—cancer, 1—canker, 1—croup, 1—dysentery, 6—diarrhœa, 3—dropsy, 1—dropsy of brain, 4—fever, 2—typhoid fever, 5—lung fever, 1—infantile, 3—disease of liver, 1—marasmus, 1—old age, 2—unknown, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 21—between 40 and 60 years, 10—over 60 years, 5. Americans, 30; foreigners and children of foreigners, 32. The above includes 5 deaths at the City Institutions.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### SEVERE AND LONG-CONTINUED SPASMS—A REMARKABLE CASE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—For nearly four years I have been engaged in a case of disease that presents so many remarkable features, that I have concluded to give you a sketch of it, both for the sake of affording and eliciting information on the subject, should you deem it worthy of a place in your Medical Journal.

I have no other information in relation to the first thirteen years of the case than that furnished by the patient and her family, and which, owing to the great length of time elapsed since its commencement, must of course be very imperfect. When I saw the patient first, in December, 1847, she had been confined to her room, and mostly to her bed, upwards of thirteen years. She was, when between 14 and 15 years of age, afflicted with most distressing headache, which was finally concluded to be néuralgia, and after the failure of all the usual remedies, several branches of nerves of the left side of the head and face were divided. Her pains, however, soon pervaded every part of the body alternately. Sometimes they assumed the character of pleurisy, often that of severe colic, &c. She was several times affected with general dropsy, and about ten years ago spasm of the whole body took place, attended with excruciating pains. Every part of the body was affected. One universal cramp pervaded the system. Her extremities were closely drawn up, fingers and toes firmly clenched, her knees closely drawn upon the abdomen, and the heels upon the nates; her head drawn back, and her jaws firmly locked. The whole of the intestines seemed, also, to be in spasm, for upon pressure on the abdomen it seemed as if we were pressing upon a sac filled with stiff ropes. Among the most distressing symptoms, was colic of the womb and bladder, owing to a collection of air in these organs. I have frequently relieved both organs with the common catheter. Several times, on introducing the catheter into the womb, the air has rushed out with quite an audible whistle. The same has often taken place when discharging, with the catheter, urine from the bladder. These symptoms have ceased for the last two years. They caused her most intense pain, and aggravated the pain in the back. The muscles of the urinary organs were also in spasm, so that

the urine was only evacuated by the use of the catheter. This was the condition in which I found her, and in which she had lain fourteen days. These spasms were paroxysmal, and commenced a few days previous to each menstrual period. She had been attended in the course of her illness by some twenty physicians, all of whom successively abandoned the case as beyond the reach of their skill and remedies. Every known anti-spasmodic had been resorted to in vain. Even the inhalation of ether had no effect, other than to aggravate her sufferings. She took, of all the medicines administered to her, from the ordinary doses to the largest and almost unheard-of quantities. She has taken in one night an ounce and a half of black drop (half an ounce by the mouth, and one ounce per rectum). She had in fact tried every remedy that books and the skill of her physicians could suggest, all without avail. In trying to break up the cramps, the severest and most powerful manual force was also resorted to in vain. It was at last, in December, 1847, concluded by the family to try galvanic electricity. She had been in the spasm fourteen days, when this remedy was resorted to. A battery of considerable power was used. When both poles were applied directly to the patient, it had no other effect than to allay the pain partially, merely benumbing sensibility, but did not relax in the slightest degree the spasm. The operation was then varied so as to bring the operator within the electric circuit. The positive pole was so arranged that it came in contact with the *os uteri*, while the negative pole was held in the left hand of the operator. The battery was then charged to the highest degree that the operator could bear. He then took the patient's hand in his right hand, and as the electrical influence relaxed the muscles he extended the limb with considerable force. In this way he soon broke up the spasm in that arm. The same process was applied to the other arm, the neck, the jaws, then the lower extremities, and lastly the spine, and in forty-five minutes the whole body was relieved of spasm except the neck of the bladder and the internal organs, to which no manual force could be applied in conjunction with electricity. Even this, however, afforded great relief. The patient was much debilitated from the effects of the disease, and the great amount of sedative medicines she had taken. She, however, had a respite of a few days, when the next menstrual period recurred, and all her former agonies were repeated. The battery was immediately resorted to, and the cramps broken up again, and the pain somewhat mitigated. During the menstrual period she had the battery applied several times a-day, and it never failed to break up the spasms, except that of the neck of the bladder and other internal organs, as before stated. For upwards of two years this was continued at every menstrual period, and she was generally quite relieved when the menstrual flux ceased. Several times, however, she had other symptoms, such as well-marked pleurisy, cramp colic, &c., to which the battery afforded no relief, although the patient supposed it did do her good. I considered that it only served to benumb the sensibility, without any other effect. She was so well persuaded that it did her good that she twice continued the battery upwards of four days in its highest power, and only stopping it occasionally



to renew the fluid and clean the plates. In the course of the two years, I had applied the battery to her upwards of three hundred times, averaging at least half an hour each time, and leaving the battery in action upon her an average of four hours each time. The result was, that in about six months after the use of the battery was commenced, her sufferings were confined generally to the periods of menstruation. In the intervals she enjoyed tolerable health, so that she could even go down stairs to her meals, a thing she had not been able to do for fourteen years previously.

About eighteen months ago it was suggested that one remedial agent, not previously applied, should be resorted to. She had, previous to my seeing her, had the cervix uteri leeched, and she had for some time used strong solutions of nitrate of silver injected into the vagina, in consequence of slight leucorrhœa. It was now determined to apply the solid nitrate of silver to the whole neck of the uterus, the os uteri, and the whole vaginal cavity. This was performed with the aid of the speculum. It seemed to be of service to her. It immediately relieved the spasm of the neck of the bladder, and this of itself was a very important matter, as it saved her the disagreeable necessity for the use of the catheter three or four times a-day, besides relieving her of the irritation induced by retention of urine. It was therefore determined to continue this application as often as the condition of the parts would permit. It was soon found that she could bear the application twice a week, and this has been done, with an occasional short interval, to the present time. It was this case that suggested to me the plan of using the nitrate of silver described in this Journal several months ago (vol. 44, page 238). I have now applied this "*caustic*," as it is foolishly called, to the whole mucous membrane of the vaginal cavity, including the os and cervix uteri, *seventy-two times*, always with the effect of causing a free purulent discharge, and using in the case four ounces of solid nitrate of silver. In the whole course of my attendance upon her, I have applied the battery to her upwards of five hundred times, always with great power, and in the manner first described. During her menstrual periods the nitrate of silver is not applied; but the battery is then used; and since the use of the nitrate of silver, she has had little difficulty in passing urine at any time. She is gradually improving, being now only confined during her menstrual week. Her general health is tolerably good, much better than could have been expected after so long a confinement, so much suffering, losing so much blood, and taking such an immense amount of medicine, including mercury to the extent of deep salivation numerous times, and all others the most powerful articles in the materia medica. She has been almost literally drained of blood numerous times, in the earlier stages of her illness, but during my attendance she has lost but little. She has taken often so much opium, in its various forms, as to become habituated to its excessive use, and we have had considerable difficulty to relieve her of that evil.

In giving something of an outline of this remarkable case, I have purposely avoided all technical terms, desiring only to make myself understood. It will readily be perceived that it differs materially from any

recorded case, at least I have never been able to meet with one like it. I believe the seat of the disease has always been in the uterus and its appendages, although for the first ten or twelve years this was not even suspected. It commenced about the same time that menstruation commenced. By several of my *operations*, especially the application of the nitrate of silver to the os uteri, I have caused the same neuralgic pains to shoot up to the head, mammæ, sides of the chest, and even to the fingers' ends, that she had formerly felt from the disease. But the case differs from one of painful menstruation, in never having had the slightest mechanical obstruction to the flowing of the fluid, no coagula, and no false membrane ever having been thrown off. The menstrual periods have always been remarkably regular, of moderate duration (three or four days), and fair quantity, with very rare cessation after commencing. For a length of time, however, the discharge was exceedingly offensive; but for three years past this has not been so. After the first six months of the use of the battery, the offensive odor ceased altogether. During every paroxysm the urine was small in quantity, very acrid and high colored. At the first examination I made, the cervix and os uteri were very small, so much so that the person who applied leeches to the part (one of great experience) had never seen them so small in any grown woman. They are now of the usual size. There was also at the first examination a peculiarly rigid cartilaginous feeling in these parts; they now afford the usual soft velvety sensation to the touch. The external organs have never been affected, and are of natural size and condition, except the perinæum, which was always affected by spasm, and very severely too, until relieved by the battery. Of late this is not affected. Now, although writers say that painful menstruation is sometimes attended with cramps, yet in this case there has been no false membranes nor coagula, and but few interruptions to the discharge, and the occasional stoppages of the discharge have not aggravated her symptoms. And yet, what else can it be called? I have sometimes been inclined to consider it a case of the hydra-headed hysteria; but then, except during a paroxysm, the patient's mental faculties have not been involved; and even during the paroxysm I have concluded they were no other way affected than would necessarily be the case from the use of such immense quantities of opium and other narcotics. Even with all her afflictions her mind remains sound, and her memory remarkably good. Above all, the more amiable qualities of her sex are in her case remarkable. This surely is not one of the accompaniments, or effects, or symptoms, of hysteria. In illustration of the amiable and docile qualities of her mind, I will state, that at no time has any medicine, however disagreeable to take, or any operation, however formidable, painful or disagreeable, been proposed to her that she did not promptly and cheerfully take or submit to—never complaining or murmuring, or even hesitating. The operations of leeching the neck of the womb, and of dividing the nerves of the head and face, would naturally cause most women to offer objections to them; but her only remark has always been—"I am willing to do anything you think necessary." Still, during a paroxysm her nervous system suffers considerably, much more formerly than now,

and often assuming some degree of depression, excitement, &c., resembling some forms of hysteria, but at no time since I have seen her have her mental faculties suffered material aberration. I must state one curious fact more. She had seven or eight badly-decayed molar teeth, and during every paroxysm she was affected with distressing toothache, headache and faceache. She rarely escaped this. She was at length requested to allow the dentist to extract all these teeth, which he did at a single sitting, and she has had no pain in her head or face since. Was the uterine affection, whatever it is, the exciting cause of these pains? I believe it was; for, as stated above, I have excited the same pains by applying the nitrate of silver to the neck of the womb.

I am disposed to attribute the whole train of her afflictions, her former neuralgia of the head, dropsy (both ascites and anasarca), and all the other complications, either directly or indirectly to some diseased or abnormal condition of the womb or ovaries, and perhaps both. I omitted to state that she has always, since my attendance upon her, complained of pain and great misery in the region of the left ovary. She has never indicated any uneasiness in the right side. So invariably is this the case, that I habitually apply the conductor of the battery over the left ovary, and let it remain there when I leave her, in which situation she keeps it generally several hours.

The patient is now in a tolerable condition of health, and is considered by all nearly a well woman. Her cramps or spasms for the last two years have been confined to the lower extremities, except in one or two instances. In July last I was absent from the city when one of her periods commenced. For two weeks previously the nitrate of silver had not been applied, and when menstruation commenced she had not the benefit of the latter. She therefore suffered considerably more than usual. The neck of the bladder was spasmodically affected, and she was obliged to have the catheter used. All her afflictions continued until my return, six days after their commencement, when I promptly relieved them all with the battery. I mention this to show that although she has greatly improved in her condition, she is still dependent upon the battery and the nitrate of silver for temporary relief. This fact also affords some evidence that her improved condition is not attributable to the disease gradually passing off of itself, or wearing itself out.

Some curious facts are illustrated by this case. 1st. The *unparalleled* use, by a single individual, of the galvanic battery, upwards of five hundred times, and nearly all of them of upwards of four hours' continuance each time. I think the world may be challenged for a similar case. 2d. The application (to the extent of vesication) of nitrate of silver to the whole vaginal cavity, *seventy-two times*, in eighteen months; and all this without injury to the patient's general health, or any other bad effect.

It should be known that the mucous membranes are not sensibly affected by the galvanic battery; hence, when the conductor is applied to the mouth and neck of the womb, or any portion of the vagina beyond the labia, the patient does not feel the electricity in that part at all; and only feels it when the other conductor is applied. So, also, if the conductor be placed in the mouth, if contact with the teeth be avoid-



ed, the usual sensation is not felt in the mouth, though the battery be ever so powerful. Another valuable hint is given by this case as to a remedy for spasm of the neck of the bladder. The free application of solid nitrate of silver to the upper surface of the walls of the vagina, internally, removes it promptly. The neck of the bladder being in direct contact, and even connected with the upper wall of the vagina, we reach the seat of diseased action directly and effectually.

I have purposely omitted the name and even initials of this patient, as such exposure could be of no service. I should be very grateful for any hint the profession can give through your pages, as to the nature of the case and its final cure.

Respectfully,

Baltimore, Md., Oct. 7, 1851.

GIDEON B. SMITH, M.D.

## DYSENTERY—ITS PATHOLOGY AND TREATMENT.

BY A. I. CUMMINGS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE increased violence with which true dysentery has attacked its subjects for a few years past, especially at the North, and the degree of mortality that attends it, seems to demand of medical men that more attention should be given to collecting facts in relation to its pathology and treatment, and that every fact calculated to be useful in relieving suffering humanity should be presented to the profession. Indeed, it is the *duty* of those who have had an extensive experience, in the treatment of *any* severe disease, to publish that experience for the future benefit of the student and the young practitioner; and medical journals are the only legitimate archives wherein to deposit the results of daily experience for future reference. Without laying claim to extensive experience, or ability to teach my superiors in our noble profession, I will contribute my mite, as a nucleus whereon a noble superstructure may be built by those who have the ability and zeal sufficient to its accomplishment.

Acute dysentery I consider, to some extent at least, a self-limited disease. Its pathological seat is the mucous membrane of the large intestines, mostly in the rectum. I need not enumerate the symptoms, as they are well known, but every practitioner is aware that the most *troublesome* symptoms are tormina, tenesmus, frequent *small* discharges from the bowels of mucus mixed with blood, or like the washings of salt pork, and sometimes mostly of blood. Another painful and annoying symptom is a constant strangury or micturition, or entire suppression of urine from sympathy. A high fever, also, either with or without regular exacerbations, keeps the patient restless and uneasy, and prevents him from enjoying any repose, though the pain is the most severe symptom with which he has to contend. Hæmorrhoids is another accompaniment, that not unfrequently is exceedingly annoying. I have said that the disease is chiefly confined to the rectum, and so it is in its primary development; but other organs soon sympathize, and the

fire there kindled gradually extends its influence to other parts. Ulceration, I think, rarely takes place in this disease, at least until it has progressed so as to destroy the whole mucous membrane as far as the disease extends. From what I have seen, I am of opinion that to a certain extent the discharge of blood is more favorable than otherwise, as it relieves congestion.

The plan of treatment that I have found most judicious, has been, in the commencement of the disease, to unload the bowels by the use of castor oil, say  $\mathfrak{z}$ j. to an adult, with from twenty to forty drops tinc. opii, to prevent tormina. After having unloaded the bowels, as the chief symptoms that are of importance during the frequent discharges are griping, and a heavy bearing-down sensation, my chief remedy is *opium in small and frequent doses*, carried to an extent *to relieve* the pain. A few grains of camphor may be added, if necessary, to relieve the stranguery so often present. My excellent friends, Drs. Bartlett and Cotting, of this city, and many other physicians with whom I have the honor of an acquaintance, have assured me of their great confidence in opium in acute dysentery; and though it is an old remedy, yet I believe it is the *best* for this purpose. During the period of the disease while accompanied by fever, astringents *do no good*, and I think, not unfrequently, positive injury; but when the disease begins to assume a chronic tendency, then *tannin*, properly administered, is very useful, as *some* astringent seems then to be indicated. I always prefer the tannic acid, rather than any other article of the class.

I prefer to give the opium in small doses, from one eighth to one half or one grain at a dose, and repeat as often as is necessary. One twelfth or one fourth grain given every half hour I think has been more beneficial than one grain every four or six hours. If the patient cannot bear opium, the ext. hyoscyami, or cicuta, answers very well, given in small quantities, and often. The reason, in my opinion, of the inordinate tormina, is the constant dropping or forcing down of fecal matter from the upper bowels, which coming in contact with the denuded surface of the rectum causes severe spasm, or griping. The fecal matter, also, is irritating in itself. When the discharges from the bowels are very numerous, a few hours respite may usually be gained by introducing a pill of a couple of grains of opium within the sphincter ani, and letting it remain as long as is necessary, or until it is expelled. Almost entire abstinence from food is of course indispensable. Beef-tea, gruel, tapioca, rice-water, crust-coffee, &c., are all that is necessary until the patient becomes convalescent, and even then great care is necessary to avoid a relapse. If the bowels are very tender, warm fomentations, or a few leeches, are usually sufficient. General bloodletting I very seldom resort to, unless in a very plethoric and inflammatory diathesis, for local bleeding I consider preferable in a majority of cases. If the stomach sympathizes, and the patient is troubled with vomiting, creosote, in the proportion of one drop to  $\mathfrak{z}$ j. of syrup morph. dup. in drachm doses, will in most cases produce relief; if not, sinapisms to the region of the stomach will act favorably. Of course other treatment is sometimes necessary, but I have given a simple outline of *my* practice, and

solicit further thoughts from the correspondents of the Journal in relation to the important subject which I have feebly discussed.

Roxbury, Mass., October, 1851.

### AMPUTATION OF THE FORE-ARM.

[Communicated for the Boston Medical and Surgical Journal.]

MR. THOMAS CLARK, aged 35, while attempting, on Tuesday last, to disengage a leather belt from a wheel shaft that was rotating rapidly, was caught by the hand in it, drawn up to the location of the shaft (about one foot below the ceiling) and the arm was twisted around it, causing a simple fracture of the humerus, and a compound and comminuted one in the fore-arm about equidistant from the wrist and elbow. At the fore-arm fracture the soft parts were lacerated and torn, and muscular and *tendinous* portions of the palmaris longus and flexor carpi ulnaris muscles drawn out to the length of six inches from the point of fracture. Considering the fracture above, and upon examination finding considerable comminution, I resolved to amputate, which was done about four inches below the elbow-joint. The patient has been doing well since, and every indication promises a speedy recovery.

Medford, Mass., Oct. 11th, 1851.

MILTON FULLER, M.D.

### NICOTIAN GEOPONICS.

BY STEPHEN J. W. TABOR, M.D., SHELBURNE FALLS, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

IN 1781, there appeared in Rome a quarto volume, written by a Jesuit monk by the name of Joseph Rodrigues de Mello, entitled *De Rusticis Brasilie Rebus Carminum, Libri iv.* These poems were composed while De Mello was an inhabitant of the Portuguese Colony of Brazil, and are consequently American productions, though first published in Italy. They are written in Latin hexameter verse, in imitation of the *Georgics* of Virgil, and the *Prædium Rusticum* of Father Varicère, though not, of course, so elegant as the work of the Roman poet, nor indeed as that of the French Jesuit. It is a collection of geponic poems, and a pioneer of its class on this continent. From the work we gather that the author, though born in Oporto, might almost be considered a native of Brazil, having been carried to that country when very young. It only falls within the compass of this article to consider the poem upon tobacco, though that upon manioc—*de Culturâ Radicis Brazilicæ*, and upon the management of cattle—*de Curâ Boum in Brazilâ*, are well worthy of notice. The book is very rare and of much excellence, but has been allowed to go out of print, and has never been translated into any of the modern languages. I propose, therefore, as a medical curiosity, to exhibit some specimens of the work which relate to a well-known article of the materia medica. The third poem of the collection is entitled *De Culturâ Herbæ Nicotianæ in Brazilâ*,



occupying pp. 151—169 inclusive. The author treats of the tobacco-plant as it is found in Brazil, and as respects versification and resemblance to the classics, in points of style and correct Latinity, it is quite equal to the once celebrated *Hymnus Tabaci* of Thorius. True it is, there are many new terms and many unclassical words—many expressions

“That would have made Quintilian stare and gasp,”\*

but it must be recollected that De Mello was describing what was unknown to the Romans, and therefore this could not be otherwise. He commences the poem, *De Culturâ Herbæ Nicotianæ*, by considering the growth and cultivation of tobacco, its preparation, manufacture and commerce, and then describes its uses as a luxury in a style of agreeable pleasantry and humor well fitting his theme, and not at all in the vein of one who was himself an enemy of the weed, but still far behind the eulogies of Isaac Hawkins Browne and Raphael Florius. The structure and Latinity of his verse may be seen in the following extracts, commencing at the beginning of the poem :—

“Nunc mihi, Nicotii de nomine dicta, supremus  
Herba labor sit. Phœbe Pater, castæque Sorores  
Animate inceptis, nec non plantaria mecum  
Inspicite, et, quæ conveniat cultura, docete,  
Quo curanda modo folia, et quo denique pacto  
Torquenda in funem; unde potens conflatur ad  
usum  
Purgandi cerebri pulvis; qui nunc dabit idem  
Vati materiem cantus, idemque canendo  
Sufficiet vires: nobis nam, pulvere sumpto,  
Vena salit, venientque alacres ad carmina Musæ.  
“Maxima qua spectat Thetiden America, re-  
fusam

Ad boreale latus, stat, nomine dicta Tabacum,  
Insula in Oceano magno, regnata Britannis.  
Illic, nunc usu vulgatam, reperit herbam  
Nicotius primum, atque alias inde orbis in oras  
Invenit: quare peregrinam et Brasilia tellus  
Acceptit, sed ut indigenam complexa benigno est  
Alma sinu; nec planta solum felicius ullum  
Usquam alibi sibi nocte fuit, quam rura feracis  
Brasilis. Sed non glebam tamen illius omnem  
Æque amat: in primis pigrae vicina paludi  
Stare horret, folisque statim subpallida, morbo  
Languescit. Nec rura nimis sibi pinguis poscit;  
Sed nec agros senio efflores, ubi nulla virescunt  
Arbusta, et raro vestit se gramine tellus.  
Præterea,” &c.

The foregoing will suffice to give a general idea of De Mello's command of the Latin language, and of his powers as a bucolic poet. His productions well merit a skilful poetical translator, and, thus rendered, would afford both entertainment and instruction. Although *verses* may be considered out of place in a standard Medical Journal, yet as the curious poem here introduced relates to a powerful therapeutical agent, and one interesting from its almost *universal* consumption, I am induced to present an English version of my own, of Part I. of this rare American Latin georgic. The poetical defects of my translation I would charge in part to the nature of the subject, for however well the dignity of the Latin tongue will ennoble humble things, yet caterpillars, compost, grubs, and the like, do not so easily accommodate themselves to the fetters of English metre and rhyme. The methods of preparing the soil, and cultivating and manufacturing tobacco in Brazil, during the time of De Mello, naturally lead us to contrast them with those used in the United States, and more particularly in those towns in Massachusetts where such a crop is raised.

Fain would I sing Jean Nicot's herb divine:  
Aid, Father Phœbus, and ye tuneful Nine!  
All you chaste Sisters animate my strain,

Nor let me ask for melody in vain:  
Teach me to tell Tobacco's wond'rous power,  
And on my numbers all your graces shower:

Teach what the culture that the plant receives,  
And what the mode to dry and cure the leaves;  
How these are twisted into ropes by art,  
Which in their turn the magic snuff impart—  
A powder powerful to purge the brain,  
And furnish matter for the poet's strain,  
Which will suffice to fill his soul with fire,  
And burning thoughts and flowing words in-  
spire!

We, when we take it, feel our genius rise,  
And our invention's fed with rich supplies;  
Fancy our vigil sweetens and prolongs,  
And mettlesome, the Muses come with songs.

A region owning sea-girt Albion's sway,  
Far in the Western Ocean hid away,  
First held the herb, though then unknown to fame,  
Which every people now *TOBACCO* name.  
*Nicot* was first the treasure to produce;  
From him has grown its universal use.  
*Brazil* gave welcome to a plant so blest,  
That seem'd created for her fruitful breast,  
More than all herbs repaying care and toil,  
And more than all adapted to her soil:  
Still not to every glebe does it incline,  
For marshy lands will make it droop and pine,  
Struck with disease the plant no vigor knows,  
But pale and sickly, languishingly grows.  
Nor better will it lands too rich endure,  
Or thrive in soils impoverish'd and poor—  
Soils without strength to bloom with graceful  
trees,

Or spread green herbage to the healthful breeze.  
Nor does it like new lands all black with smoke,  
Rough with burn'd trees and to no culture broke;  
For soil which ne'er to tillage yielded fruit,  
Is much too wild the gentler plants to suit.  
*Tobacco* loves a black and sandy ground,  
Which, loose and dry, fit for the herb is found.  
With rich manure first saturate your land,  
Or better, mix the compost well with sand;  
Then with this mixture cover o'er your field,  
And for your care, it bounteous crops will yield.  
Thus first the glebe with judgment you select,  
And then with fences firm the tract protect;  
Lest when at night you lose yourself in sleep,  
Mischievous cattle evil vigils keep,  
Tread down your herbs with desolating feet,  
And make ere morn the havoc most complete.  
When thus your plot is safely closed around,  
Next with a harrow tear up all the ground,  
Then furrows dig, the rows one foot apart,  
That ample space the plants may have to start—  
Room for the roots to ramify below—  
Room for the stalks to rise and thrive and grow;  
And that no harm may to your crops ensue,  
From neighboring herbage keep them well se-  
cure.

Thus if the tiny seeds in beds you sow,  
Soon will they germinate and finely grow,  
The tender leaves will to the surface spring,  
And passing time will strength and volume bring.  
Then with fresh labor, and sagacious toil,  
With care transplant them from their natal soil,  
In other furrows let the roots be fix'd,  
Where, with the earth, rich compost has been  
mix'd;

Then, in due season, view, with joy elate,  
Both stems and leaves brought to a ripen'd state.

Yet, when the fruitful fields with plants are  
green,

See that no worms upon the shoots are seen,  
No caterpillars in a murd'rous train,  
No long-legg'd locusts, grubs, or other bane.

But the *eruca* is the greatest pest  
Of all the vermin which the herbs infest:  
This little foe with teeth destructive kills,  
And venom o'er the mangled plants distils;  
Squalid they languish, flaccid, wan, and pale,  
And with no strength, from weakness pine and  
fail.

Gnats, dreadful scourges, although small in size,  
Attack the crops and make the herbs their prize:  
In serried bodies, thick and black they fly,  
And plants, on which they freely settle, die;  
The herbs' rich juice they suck with slender bills,  
A theft which wastes, emaciates, and kills;  
The leaves are pierc'd by many a greedy gnat;  
The plants grow poor to make these vermin fat.  
From woe like these, that threaten the fertile field,  
The farmer tries his growing crops to shield;  
He burns unpleasant odors o'er his land,  
And scatters these perfumes on every hand.  
All acrid fumes the tribe of gnats provoke,  
And the *eruca* flies away from smoke.  
About the plants no growing trees should spring,  
Lest pests and gnats they to the crops should  
bring;

Lest mid the leaves may hide the insect curse,  
Whence o'er the fields in myriads they disperse.  
Shrubs, undestroyed, will vex you more and  
more,

And thick and tangled spread your acres o'er,  
Stealing the juice which suits your herbs the  
best,

On which the hopes and vows of planters rest.  
When age and growth to crop the plants ad-  
vise,

They are inspected by the master's eyes;  
To derogate this task he does not dare,  
Or rashly trust it to a servant's care:  
Lest servile help should bring his fields to waste,  
And leaves unripe cut with unthinking haste.  
The planter, now, in person goes around,  
And carefully inspects his entire ground;  
He seeks those leaves, which, languishing and  
pale,

Need the excision of the trenchant nail,  
And those which green, and yet unfit to cure,  
Bid fair to be more healthy and mature;  
Observing their color he describes,  
And with exploring hand their vigor tries.  
When'er he feels the leaves with villi rough,  
This shows as yet they are not ripe enough;  
But when grown smooth, they no such prickles  
wear,

Then is the time — for harvest then prepare!  
Throughout the leafy lands the servants speed,  
And all with ardor in the work proceed.  
A part to crop the leaves their business find,  
Which others into fitting bundles bind;  
These on their shoulders others bear away,  
And to capacious roofs their loads convey.  
Both leaves and branches from the stems they  
tear,

Though for a second crop one bud they spare;  
To this the lower root its juice supplies,  
And soon about it fruitful leaves arise,  
Leaves better than the first in real worth,  
And better nourish'd by the mellow earth;  
For to the first the soil was rough and rude,  
But to the second show'd a milder mood;  
To the first crop unwilling bounty show'd,  
But on the second all its power bestow'd.  
Hence, with such partial favors freely blest,  
The second growth of leaves becomes the best.  
Such rates of gain no third crop can bestow,

For still a third time will the rich leaves grow :  
 So she, who young, a numerous offspring bore,  
 Grown old, has vigor to bring forth no more.  
 Now, therefore, spare the treble-bearing herb,  
 Nor let the nail its leaves or buds disturb.  
 The little shrub, permitted thus to rise,  
 Exulting points its branches to the skies ;  
 Freed from the cruel planter's spoiling hand,  
 Its leaves enlarge, and numerous buds expand ;  
 Like a tall man it towers above the ground,  
 And joyfully is with rich blossoms crown'd.  
 Proudly at length it puts forth snowy flowers,  
 And stands array'd in beauty's gaudy powers.  
 Short is the time to bloom with such display ;  
 Soon, by the winds, the flowers are blown away ;  
 No more their hues give pleasure to the sight,  
 But all the ground is with the petals white.  
 While from the stalks the blossoms thus are  
     swept,  
 Safe in their purple cups the seeds are kept ;  
 These ripen'd, furnish a sufficient store,  
 Which sown, spring up, and yield the planter  
     more.  
 The gather'd leaves, housed safely from the  
     rain,  
 Afford a labor unalloy'd with pain.  
 The ample barns have each a straw-thatch'd  
     roof,  
 And sylvan walls of twigs, in twisted woof :  
 These roofs above are by strong stakes confin'd,  
 While underneath no doors preclude the wind ;  
 But zephyrs blowing mild, and Boreas rude,  
 Throughout the structure, as they list, intrude.  
 Stout transverse poles the plants suspended bear,  
 Which yield their juices to the flowing air.  
 The moisture by degrees is dried away,

And then the leaves their vivid powers display.  
 The herbs once dry, remove those poor and pale,  
 And stem the others with a dext'rous nail ;  
 These in smooth piles, the stems thus torn away,  
 As wives their napkins, in due order lay.  
 This done, the heaps with careful hand oft turn,  
 Lest, left unmoved, with too much heat they  
     burn ;  
 Lest putrefaction cause a fearful waste,  
 And all the leaves to speedy ruin haste.  
 This process o'er, toils of more worth begin,  
 So be attentive to the truths I sing,  
 Whilst I the mode to twist the leaves rehearse,  
 And how to twine the rope detail in verse.  
 Firm in the ground the bi-horn'd forks are fix'd,  
 Their prongs apart, a transverse beam betwixt.  
 This beam the rope embraces at one end ;  
 The other makes it in the ridges bend.  
 At first some leaves are by the fingers twin'd,  
 And firmly to the rolling beam confin'd ;  
 In this the embryo of the work consists,  
 And thus begun, his rope the workman twists.  
 These from the ridges he with skill unbinds,  
 And round the cylinder in order winds ;  
 With added leaves he swells the twisted pile,  
 The beam kept rolling by a boy the while.  
 Another slave attentive hands the leaves,  
 Another still, behind, the coil receives.  
 The twisted length should not three ells exceed,  
 That all the hands in union may proceed ;  
 The leaves, thus long when in a rope combin'd,  
 Coiling, should round the cylinder be twin'd,  
 As girls, who spin, draw out a flaxen thread,  
 And wind it round their spindles, near the head.  
 This done, again resume your toil with skill,  
 Till with the coils the cylinder you fill.

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### MIDWIFERY STATISTICS.

[FROM a bibliographical notice, in the *Dublin Quarterly Journal*, of a work on Midwifery lately published in London, we copy the following interesting statistics. The work alluded to, contains reports of the midwifery practice of the late John Green Crosse, M.D., F.R.S., arranged and edited by Dr. Edward Copeman.]

“In the first part of the work, Dr. Copeman lays before us the general numerical results of Mr. Crosse's midwifery practice, whence it appears, that instruments were used 84 times out of the entire number of cases, amounting to 1377. This gives a proportion of one in 16 2-5, which under any circumstances must be considered high, but especially so in private practice. Let us compare this with the results of Dr. Joseph Clarke and Dr. Merriman. The latter had recourse to instruments once only in 98 cases ; and the former physician, in his private practice, employed them in the proportion of 1 out of 295 deliveries ; and yet the mortality among his patients (in number 3847) was only 1 in 174, whilst in Mr. Crosse's statistics it is 1 in 98 1-3. That he resorted to instrumental aid more frequently than he should have done, was a reflection that seemed to have occurred to Mr. Crosse's own mind towards the close of his career, for we find the following candid and judicious observations attributed to him :—‘ I commenced practice with a most formidable notion of the difficulties and responsibility of practising midwifery,



and a lively apprehension of the danger and immorality of employing instruments unnecessarily. After some experience, in which I have carefully studied to steer a middle course between the indiscriminate use of instruments and too great reluctance to employ them, I am come to the conclusion, that I have used them more frequently than I ought to have done.'

"Dr. Copeman gives some statistics of his own private practice, which, in justice to this gentleman, deserve to be mentioned. Of 1037 cases attended by him, the vectis was used 108 times, or 1 in 9 3-4; and the mortality to the mothers amounted to 1 only out of the entire number! We have thought it well that these two astounding facts should be placed in juxtaposition; since any justification which this excessive frequency of instrumental interference may seem to call for, is most amply afforded by the results to the mothers; results exhibiting a degree of success to which not even an approach has ever been made in the practice of any other accoucheur with whose published writings we are acquainted. Reasoning statistically, therefore (according to the custom of the day), what more convincing reason could be adduced for delivering with the vectis one out of every nine of our patients! The proportional frequency of twin cases in Dr. Copeman's practice was 1 in 115; in Dr. Clarke's, 1 in 124; whereas, the hospital returns for England and Ireland yield an average of 1 in 65. This is a curious and interesting result, and shows what influence the luxuries and refinements of highly civilized life possess in restraining fecundity."

#### OVARIAN DROPSY, CURED BY A SIMPLE OPERATION.

BY JOHN DOUGLASS, M.D., CHESTER DISTRICT, S. C.

THE subject of the following case was a negro (slave), the property of Mr. S. C., of Fairfield Dist., S. C. She was about 30 years of age—had never borne children, and was said to have been rather notorious for *sexual* indulgence. Her general health had been always good, until about three years before I operated; she then had occasional attacks of pain in the uterine region, with spasm, nausea, &c., which for a year or more were attributed to menstrual irregularity, or other utero-ovarian derangement, arising from her dissipated habits. Between one and two years after this first disturbance of her health, a tumor was felt in the right side, pretty well corresponding with the ovarium.

Different modes of treatment had been tried in accordance with the conflicting views of those who were called on to prescribe for her. From the extreme hardness and firmness of the tumor, it was treated first as simple chronic inflammation of the ovarium or tube; again, as a malignant enlargement. Nothing, however, retarded the development of the disease; and in the spring of 1848, I was called in, mainly for the purpose of removing the enlarged and painful *ovarium*.

After a few weeks attention, I determined to introduce a *trochar* and leave the canula in the wound—believing that frequent blistering and other stimulating applications had produced firm and perhaps extensive

adhesions. Accordingly, in June, 1848, assisted by Dr. J. L. Douglass, I made a free incision over the most prominent part of the swelling, near the *linea semilunaris*, down to the sac; I then plunged in the trochar:—about three or four quarts of a thin fluid, resembling milk and water, was discharged. I then plugged the canula, confining it *in situ* by the most simple means. Once a day, for a few days, the plug was removed, which gave exit to a pint or more of the same kind of fluid. After which, the canula was left open, and carefully taken out and cleaned every three or four days. The discharge continued for eight or ten days without any change as to quantity or quality. It then began to diminish in quantity, and change its appearance gradually to a healthy-looking *pus*. By the first of August she appeared so well that I removed the canula. A very slight discharge of healthy matter continued until December. She went to her ordinary labor on the plantation, however, in October, and has continued in good health. She had been able to labor but little for two years before, and for several months had been constantly *laid up*.—*Charleston Medical Journal*.

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#### NEW LEBANON—ITS PHYSIC GARDENS AND THEIR PRODUCTS.

THE beautiful valley of New Lebanon, situated about thirty miles east of the Hudson river, in the State of New York, and noted for its attractive watering place, the resort of many pleasure-seeking travellers in the summer months, has long been celebrated for its gardens devoted to the culture of medicinal plants, with a view to the supply of apothecaries, druggists, and others, in all parts of the United States. For a long time this business was solely in the hands of the people called “Shakers,” who originated it as a regular pursuit, and who yet are largely concerned. During the past summer, whilst on a visit to the valley of the Hudson, we accepted an invitation from Mr. Henry A. Tilden, to visit his gardens and laboratory situated in the township and village of New Lebanon, where he and his brother conduct an extensive business in the culture, drying and packing of plants, and the preparation of medicinal extracts. The Messrs. Tilden informed us that they have about forty acres cultivated under their immediate superintendence, somewhat in the following arrangement: 9 acres in taraxacum, 2 in conium, 3 in hyoscyamus, 3 in belladonna, 3 in lettuce, 3 in sage, 2 summer savory, 2 stramonium, 2 burdock and dock, 1 marjoram, 2 digitalis, 2 parsley, poppies and horehound, 1 aconite and balm. The remainder are occupied with basil, button snake root, blessed thistle, borage, coriander, feverfew, hollyhock, hyssop, larkspur, lovage, marshmallow, marygold, mugwort, mountain mint, southern wood, tansey, &c. The narcotics, especially the hyoscyamus and belladonna, require a rich soil, and they exhaust the land rapidly. These last attain a height in many instances of five feet, but in general from three to four. They are liable to be preyed upon more or less at all seasons of their growth by insects and worms peculiar to each, to such an extent, in some instances, as to destroy the crop. *Conium maculatum* grows spontaneously in all that region of country,

having become naturalized. It is seen along the roads, and in fields that have been abandoned for a time, attaining often the height of six feet, and presenting a striking object to the eye, by reason of its subdivided foliage. For this reason the Messrs. Tilden do not cultivate this plant very extensively, but depend largely on that of spontaneous growth, which they gather from the country many miles around, as far as the Vermont line, and in Massachusetts. It is probable that the conium obtained in this way is really more active, weight for weight, than the cultivated, being less succulent. We noticed the valeriana officinalis growing with great luxuriance, and as high as five feet, although its culture has not as yet been much extended. Besides the varieties cultivated, large quantities of indigenous plants are purchased from collectors in the West and South, which are required in their business.

Their factory or laboratory is an extensive, oblong, three-storied building, in the basement of which is a powerful steam engine which performs the double duty of propelling the powdering apparatus, and of driving a double-acting air-pump connected with their vacuum evaporators.

The recent plants intended for extracts are brought to the mill from the gardens, reduced to a coarse pulpy state by a pair of chasers, and subjected to a powerful screw press to extract the juice. This is clarified by coagulation, strained, and the pure juice introduced into the large vacuum apparatus, holding several hundred gallons, where it is concentrated rapidly to a syrupy consistence, at a temperature varying  $110^{\circ}$ — $130^{\circ}$ , almost entirely free from the deteriorating influence of the atmosphere. In the construction of this apparatus, they have had a view to great extent of tubular steam-heating surface, so as to be able to accomplish the very large amount of evaporation their business demands. The finishing apparatus is analogous to the vacuum pan of the sugar refiners. We witnessed the operation in progress with the thermometer standing at  $112^{\circ}$  F. They make annually about 8000 pounds of extracts from green plants and roots, consisting chiefly of conium 2000 lbs., dandelion 2000 lbs., lettuce 1200 lbs., stramonium 500 lbs., butternut 800 lbs., belladonna 500 lbs., hyoscyamus 500 lbs., and so on. These extracts in the aggregate, according to Mr. Tilden's estimate, are derived from about 300,000 lbs. of green material, and require the evaporation of more than 20,000 gallons of juice.

Besides these, a considerable amount of extracts are made from dry materials, both foreign and indigenous, as gentian, rhubarb, camomile, may-apple, horehound, cohosh, &c. They are also about engaging largely in the manufacture of extract of liquorice from foreign root.

In the powdering department they run burr-stones and chasers, and use bolting and dusting apparatus. They powder large quantities of material on contract, besides that for their special business, amounting annually to from 50 to 60,000 lbs.

In the herb department, the quantity of material handled is very large. The plants are brought from the gardens into a large room in the factory building, where a number of girls are employed in picking them over to remove other plants accidentally present, and separating the decayed parts and the stems when desirable. They are then placed on



hurdles, and exposed in the drying-room till properly desiccated. Two presses are kept in operation, by which 2000 lbs. of material are sometimes pressed in a week, and about 75,000 lbs. per annum, including near 300 varieties of plants.

At the time of our visit, thirty men and five girls were engaged in the several departments of their establishment.

When we consider the large amount of extracts of important drugs prepared in vacuo, which are thus thrown into the market to re-place the former crude products, obtained by boiling down the juices, &c., in open vessels with a naked fire, according to the old method, we cannot but believe that much good will accrue to the medical practitioner in the increased power of these agents. The Messrs. Tilden have, thus far, been *directly* beneficial to the medical interests of the country. But they have also been indirectly useful by inducing their neighbors, the Shakers, from motives of competition, to adopt the vacuum pan, in lieu of the open boiler, in the preparation of their extracts.—*American Journal of Pharmacy*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 22, 1851.

*Extension Portable Splint*.—Dr. E. K. Sanborn, of Lowell, Mass., has exhibited to the profession of Boston, an invention of his own, which has not only been admired for its simplicity and portability, but also for its other meritorious qualities. A prime object in its construction was extension, which is accomplished by a beautiful piece of mechanism, not at all liable to become disordered, because it is a plain screw. There is no force, required to maintain a permanent extension, that may not be had in this instrument by barely turning the nut. A crutch under the arm, and a perineal brace, so arranged as not to be annoying to the patient, give the surgeon entire control of the limb. There is another advantage incidentally belonging to this instrument, that gives it a claim to consideration on the score of economy. In fractures of the leg, an extension can be kept up equally well between the knee and ankle. We understand the New York surgeons of distinction give it a hearty approval, as well as those of Boston. If the inventor would forward an artistical description of the invention, accompanied by an illustrative drawing, a definite idea might be formed of the mechanism; and we hope he may find it to his advantage to be governed by this suggestion.

*Companion to the Medicine Chest*.—Messrs. S. S. & W. Wood, of New York, have published a small volume of 216 pages, from an English copy of Cox's Companion, &c., with a title-page elaborate enough to express the contents of a cyclopædia. It makes no pretensions to high ground; the object is to give seamen some general notions how to proceed, when taken sick at sea. A vessel rarely leaves port without an assortment of medicines, which are often dipped into unsparingly, on the least alarm—the worst being always supposed the best. We have had

much experience with sick seamen, and appreciate any efforts to relieve their hardships, and especially the one of being prostrated with sickness at sea. Many a poor fellow has been lowered over the bulwarks, a victim to excessive medication with Glauber's salts, who might have seen shore again under proper treatment. When a man before the mast is unable to perform duty, the captain assumes the functions of a physician, and, right or wrong, a dose of salts is the sheet anchor on which they all rely when Jack's weather braces become too taut. If one dose does not limber his sheets, another is given, more potent than the first; and if he dies under such attentions, the whole crew knew it would happen because mother Carey's chickens danced athwart the bows in the last gale! They talk over the virtues of the departed—how he could double-reef a topsail in a blow, quicker than lightning could scorch a feather; and never chewed anything but pigtail, which he divided to the last quid with the mess. In short, he died like a gentleman as he was, and the captain gave him salts to the last, with his own hand! Now if a scene like this can be prevented, and one hardy fellow on the deep be made more comfortable, by providing ships with this guide-book to the medicine chest, or with Dr. Parson's excellent Physician for Ships, their circulation should be encouraged in our mercantile service.

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*Had the Roman Armies Medical Officers?*—Dr. Simpson, of Edinburgh, whose celebrity extends to two hemispheres, has asked the question—"Was the Roman army provided with medical officers?" and he then proceeds to answer it himself in a pamphlet of eighteen pages, in which the learned professor has drawn from more languages than all his readers may understand. Among the researches into Roman antiquities by the moderns, such as Rossini, Kennet, Adams, Smith, Ramsay, and others, no mention is made of medical men being attached to the troops; and yet they were liable to the same incidents of the camp that are common in later ages, to epidemics, and to wounds from spears and broadswords. In one of the military letters of Aurelian, in some incidental legal observations in the writings of Modestinus, in the Codex Justinian, and in a reference by Galen to the opportunities for anatomical observation during the German wars, Dr. Simpson catches at a thread, which leads him to the conclusion that there were medical officers belonging to the Roman army. He finds an order in the life of Aurelian, commanding the soldiers to conduct themselves quietly in their hospitia—intimating they were to be cured gratuitously—and also promulgating an order to have those flogged who made disturbance there. Again, in the third century, the military physicians had some privileges in relation to taxes, on account of their office being beneficial to the public.

Dr. Simpson has pursued the inquiry with a zeal that distinguishes all his efforts, and brought together a collection of little facts, that united constitute a sufficient amount of testimony to settle the question, that the Roman army had medical officers. Before the existence of the Roman empire, it is clear, from the writings of Homer and Herodotus, that the physicians of Egypt were both numerous and in high estimation. Diodorus Siculus expressly declares that, in Egyptian military expeditions, the soldiers were attended to medically, without expense to them, as the physicians were paid by salaries from the State. Even Homer intimates that a medical man is to an army of more real value than many soldiers—con

veying the idea, very distinctly, that the profession was recognized, and no doubt sustained by the government.

Housesteads, in Northumberland, contains many memorials of the Romans. Thirty years since, a monumental tablet was discovered there, reared to the memory of their Medicus Ordinarius, by the first Tungrian Cohort, which, when translated, reads thus:—"Sacred to the gods of the shades below. To Anicius Ingenuus, Physician in Ordinary of Cohort, the first of the Tungrians. He lived twenty-five years." Again, Scribonia Faustina raised a monument to the manes of her husband, L. Cælius Arrian, physician to the second Italian legion, who died at the age of forty-nine years and seven months.

On the whole, this inquiry is a curious literary research, and evinces the learning and perseverance of the author.

*Remedy for Diseases of the Chest and Lungs.*—We received from New York, some time since, a communication for the Journal, containing the following recipe for compounding a preparation alleged to be useful in the treatment of diseases which are considered the precursors of pulmonary consumption. There was so much that was objectionable in the manner in which the announcement was made of the "discovery," as it was called, of this prescription, that the paper was laid aside as inadmissible. On looking it over again, however, we see no objection to inserting the recipe itself, as physicians may find the combination sometimes useful, with the express declaration that we do not recommend it as an "anti-consumption syrup" or as a specific for any complaint. The syrup is prepared by "Dr. J. X. Chabert, at his laboratory, No. 431 Grand st., New York."

"R. Mucilago cochlea terrestris (excicat.), 1 lb. Reduce the mucilage to a powder, and dissolve in one quart boiling water. R. Viola odoranta (flores), papava rhæas (flores), althæa officinalis (flores), aa 3iv. Infuse the flowers in two gallons of boiling water; when about as warm as new milk, strain. R. Lichen islandicus, fucus helmintho-corton, aa 3iv.; althæa officinalis (radix), 1 lb. Put these into one gallon of milkwarm water, and macerate long enough to enable you to remove all the impurities. When clean, put them into a proper vessel, with three gallons of water, and boil slowly till all the mucilage has been extracted from the plants; then strain. Then mix the three preparations together in a brass kettle, and boil over a gentle fire, and add, R. Sacchar. alba opt., 30 lbs. Boil till it has formed a rich syrup; then clarify with white of eggs, or ichtioc. Russ.; boil till it is reduced to 60 pints; put it into pint bottles, and when cold add to each bottle R. Solutio acetate morphia (Magendie's formula), 3i. Dose for an adult, half a wine-glass three times a day in milk or marshmallow tea. Give children in proportion to their age."

*Southern Medical Reports.*—As far as noticed, the medical press throughout the Union has spoken in terms of warm commendation of Dr. Fenner's very valuable Reports. Volume Second, for 1850, contains general and special reports on the medical topography, meteorology and prevalent diseases in Louisiana, Alabama, Mississippi, South Carolina, North Carolina, Georgia, Arkansas, Tennessee, Texas and California. Its comprehensive character, the minuteness of the details where at all essential; the vast amount of practical knowledge gathered by discreet, observing medical



gentlemen ; and the effect the whole is calculated to have in sustaining the public health, by providing practitioners with information respecting the elements of disease at the South, together with the modifying influences that have been detected by the élite of the profession in eleven States, render the work one of no little importance, and it should receive the sustaining patronage not only of individuals, but of towns, counties, and legislative bodies. We have long known that Dr. Fenner is indefatigable in whatever research he undertakes ; but he has gone beyond our expectations, and has gathered, from various sources, information that gives him a claim to the thanks of the brotherhood, while we are all gratified by the merited distinction he has won by his unremitting industry.

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*Health of the Season.*—Correspondents have not given us intimation of any unusual amount of typhus in the country about, and yet the number of deaths from that disease shows that cases have been very numerous the present season. Dysenteric affections, too, in Boston and the immediate vicinity, have proved difficult to manage, if not taken very seasonably. Notwithstanding this, the measure of public health has been such, thus far in October, as to lead to the hope that the whole of the fall season will be a favorable one. At Quebec, a choleraic tendency was manifested from the latter part of August to the beginning of the present month, and two hundred and ten deaths occurred. New Orleans has continued free from any epidemic.

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*Prevention of Gout.*—Those who are desirous of preventing gout should study all the occasional causes of the attacks, and do every thing to avoid them. The simple rules of diet recommended for indigestion should be adopted ; stimulants may be permitted in moderate quantity, and really active exercise in the open air should be taken regularly day by day. In this, as in all other diseases, there is no general rule ; the cause of gout may even lie in too spare and abstemious a diet ; in some habits a certain amount of good living is as necessary, to keep off disease, as is the reverse in others ; therefore, under different circumstances the diet must be diminished where it has been too full, and increased where it has been too spare. Where habits of indolence and inactivity have become habitual, regular exercise of a proper amount must be gradually arrived at. Where a long train of rich food has been the custom, the change must be equally gradual. All the rules of health recommended in other diseases must be studied and applied according to the circumstances of each particular case ; and, if the patient will take the proper means to induce healthy action in the stomach, the lungs, and the skin, and give employment to the mind, he may escape for the rest of his life without any very severe encounter with his enemy.—*Beale on the Laws of Health.*

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*Standards for Drug Inspectors.*—We understand that the New York College of Pharmacy has passed a preamble and resolutions, inviting the other Colleges of Pharmacy to meet in convention in New York, with a view to fixing on standards of quality, for the government of Drug Inspectors, to be recommended to Congress for adoption. This is an excellent movement, and very properly originates in New York, where by far the larger portion of the drug importations arrive. The object aimed at will require much deliberation to accomplish it effectually. We hope the

other Colleges of Pharmacy will respond by sending delegates, and thus at least have an understanding in reference to the matter, which may subsequently result in the formation of a tariff of standards, calculated to work an important improvement in the quality of importations.—*American Journal of Pharmacy*.

*Inoculation and Vaccination*.—An interesting instance of the value of inoculation under certain circumstances, has just occurred among the Sac and Fox Indians. The smallpox, which is usually so fatal to the aboriginal race, and which sometimes sweeps off whole tribes at once, recently appeared in the Sac and Fox community, and there they were induced to diet, encamp together, and be inoculated with smallpox virus. Fifteen hundred, out of twenty-six hundred, submitted to the operation, and not one died that was not previously affected with the disease. About 110 had died before this measure was adopted. None took the disease who had been previously vaccinated.—*New York Med. Times*.

*New Dental College*.—By a circular from Dr. A. Westcott, Dean of the Faculty, we learn that a new College for teaching Dental Surgery is commencing its operations at Syracuse, N. Y. This will be the third in the country of its class, the two others being located at Baltimore and Cincinnati. It will be seen that in the N. Y. Medical College, of this city, a course of lectures is provided for upon Dental Surgery, by the appointment of Professor Allen to this chair. Every effort to elevate this department merits commendation, for its importance cannot be overrated.—*N. York Medical Gazette*.

*Miscellany*.—Dr. Bugbee, of Bellows Falls, Vt., has resigned the care of the post-office there.—The Army Board of Medical Examiners for Surgeons in the service of the United States, will be in session in the city of New York, on the 20th of the ensuing November.—A meeting of the Franklin Medical Association, Mass., was held Oct. 1st, when Dr. C. I. Knowlton read an exposé of Homœopathy, which elicited the thanks of the Society.—Dr. Whitney, of Dedham, Mass., removed the parotid gland last week, in a very skilful and successful manner, says a correspondent. Two arteries were secured, as a preliminary, the patient being under the influence of chloroform.—A monthly meeting of the Suffolk District Medical Society, our readers will remember, takes place on Saturday evening next, at half past 7 o'clock.—Dr. Paul F. Eve, of Augusta, Ga., has accepted the chair of Surgical Anatomy and Clinical Surgery in the Medical Department of the University of Nashville, Tenn.

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MARRIED,—William H. Sage, M D., of Hartford, Conn., to Miss E. V. Pinney.—Dr. C. Kolloch, of Cheraw, S. C., to Miss M. H. Shaw.

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DIED,—At Wilmington, N. C., Dr. George Lillington, 24.

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*Deaths in Boston*—for the week ending Saturday noon, Oct. 11th, 54.—Males, 26—females, 28. Disease of bowels, 3—inflammation of bowels, 4—disease of brain, 2—consumption, 11—convulsions, 1—cholera infantum, 3—dysentery, 3—diarrhoea, 2—drowned, 1—dropsy, 3—dropsy of brain, 1—debility, 1—typhoid fever, 3—lung fever, 2—hooping cough, 1—infantile, 5—marasmus, 2—measles, 1—old age, 1—tumor, 1—unknown, 2—worms, 1.

Under 5 years, 20—between 5 and 20 years, 8—between 20 and 40 years, 13—between 40 and 60 years, 9—over 60 years, 4. Americans, 26; foreigners and children of foreigners, 28. The above includes 7 deaths at the City Institutions.



**MASSACHUSETTS MEDICAL COLLEGE.**—The Medical Lectures of Harvard University will commence at the Massachusetts Medical College in Boston, on the first Wednesday in November, and continue four months.

Obstetrics and Medical Jurisprudence, by **WALTER CRANNING, M.D.**

Materia Medica and Clinical Medicine, by **JACOB BIGELOW, M.D.**

Theory and Practice of Medicine, by **JOHN WARE, M.D.**

Pathological Anatomy, by **JOHN B. S. JACKSON, M.D.**

Anatomy and Physiology, by **OLIVER W. HOLMES, M.D.**

Principles and Operations of Surgery, by **HENRY J. BIGELOW, M.D.**

Chemistry, by **J. P. COOKE, A. M.**

Clinical Lectures are delivered at the Massachusetts General Hospital three times a week, by the professors of Clinical Medicine and of Surgery. Surgical operations are very numerous, performed weekly in the presence of the class in the operating theatre. The safe and effectual practice of etherization, a discovery first made in Boston, and matured and established in the Massachusetts General Hospital, is practically taught in this school.

Practical Anatomy is amply provided for by the most liberal arrangements. The anatomical museum is one of the largest and richest in the United States, and has a fund of \$3,000 for its increase. The Eye and Ear Infirmary and other charities are open to students.

The professors of Pathological Anatomy, of Surgery, and of Chemistry, are now pursuing their medical inquiries in Europe, but are expected to return in season to be present at the opening of the coming course.

Fees for the whole course, \$80. Matriculation, \$3. Dissecting Ticket, \$3. Graduation, \$20. Hospital and Library gratuitous.

June 11.—eplTL

**PURE COD LIVER OIL**, carefully prepared only from fresh and healthy livers, by **JOSEPH BURNETT, Apothecary, No. 33 Tremont Row, Boston.**

Dr. J. C. B. Williams, an eminent English physician, after prescribing it in 400 cases of consumption (in 234 of which he preserved full notes), states in the London Journal of Medicine—"As the result of experience, confirmed by a rational consideration of its mode of action, the *pure fresh* oil from the liver of the cod is more beneficial in the treatment of pulmonary consumption, than any other agent, medicinal, dietetic, or regiminal, that has yet been employed." June 18.—tf

**PHYSICIANS' AND SURGEONS' SILVER INSTRUMENTS**, made in the neatest manner, by **WM. B. TROBY, Working Silversmith, No. 7 Court Avenue, Boston.** Oct. 1.—jt\*

**ELIXIR OF OPIUM**—Made from the formula of the Philadelphia Journal of Pharmacy, and is intended to be a substitute for the "popular" medicine called McMunn's Elixir. This is a preparation of Opium without Narcotine, and the strength is the same as Tinct. Opi. Manufactured by

**PHILBRICK, CARPENTER & CO.**

Successors to **PHILBRICK & TRAFTON, Chemists.** July 23.

**SARATOGA POWDERS**—or Rochelle, Seidlitz, and Soda Powders, one package equal to six boxes of the above—price 75 cents. These will be found a great convenience to travellers, persons residing in the country, invalids, and to all deprived of a soda fountain. Put up and sold by **J. RUSSELL SPALDING, 23 Tremont Row, opposite Boston Museum.** April 30.—tf

**MATICO**.—A fresh supply just received and for sale by **JOSEPH BURNETT, No. 33 Tremont Row.** Mch 17.—tf

**FRESH AND GENUINE DRUGS AND MEDICINES** of a superior quality, carefully prepared for physicians' use, and for sale on the most favorable terms, at 33 Tremont Row, Boston, by

**JOSEPH BURNETT,**

Feb. 10.—tf

(Successor to *T. Metcalf*.)

**VACCINE VIRUS**.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the office. Feb. 8.

**NEW YORK MEDICAL COLLEGE.**—The next annual Course of Lectures in the New York Medical College, will commence on Monday, the 20th of October, 1851, and continue five months.

**HORACE GREEN, M.D.**, President of the Faculty, and Prof. of the Theory and Practice of Medicine.

**JOHN H. WHITTAKER, M.D.**, Prof. of General, Descriptive and Surgical Anatomy.

**EDWIN HAMILTON DAVIS, M.D.**, Prof. of Materia Medica and Therapeutics.

**B. FORDYCE BARKER, M.D.**, Prof. of Midwifery and Diseases of Women and Children.

**R. OGDEN DOREMUS, M.D.**, Prof. of Chemistry.

**JOHN MURRAY CARNOCHAN, M.D.**, Prof. of the Principles and Operations of Surgery with Surgical Pathology.

**EDMUND R. PEASLEE, M.D.**, Prof. of Physiology, Pathology, and Microscopy.

**JOHN GALLAGHER, M.D.**, Demonstrator of Anatomy.

**A. M. EISENLOD, M.D.**, and **WM. B. THOMPSON, M.D.**, Prosectors to the Professor of Surgery.

A preliminary Course of Lectures will commence on Monday the 6th of October, and continue until the commencement of the Regular Course. On the Pathology and Diagnosis of the Diseases of the Reproductive Organs of Females, by **B. F. Barker, M.D.** On Toxicological Chemistry, by **R. O. Doremus, M.D.** On the Surgical Operations of the Eye, by **J. M. Carnochan, M.D.** On Dental Pathology and Dental Surgery, by **C. C. Allen, M.D.**

The Preliminary Course will be free to all medical students and medical men. The dissecting rooms will be opened at the beginning of this Course.

The advantages which New York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eyes and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$3. Demonstrator's Ticket, \$5. The full course, \$105. For the final examination, \$30.

The candidate for graduation must be of the age of 21 years. He must have studied medicine under a respectable practitioner for three years. He must have attended two full Courses of Lectures, of which one must have been in this College, and he must present to the Faculty a thesis, in his own hand-writing, on some Medical or Surgical subject.

By the charter of the Institution a Graduate of this School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

**R. OGDEN DOREMUS,**

Dean of the Faculty.

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TYPHOID FEVER IN PHILADELPHIA.

[From a Sanitary Report to the Medical Society of Pennsylvania, by ISAAC PARRISH, M.D., of Philadelphia.]

A CONSIDERABLE number of cases of typhoid fever occurred during the year 1850, some of which originated in malarial districts, and seemed, in their early symptoms, more allied to ordinary remittent than to the peculiar enteric fever described by modern writers under the term typhoid.

The total number of deaths from typhoid fever, in 1850, reported by the Board of Health, is 107, the highest number, 27, occurring in the 10th month (October). How many of these cases originated in the city proper it is impossible to say ; while, in the present state of opinion on this subject, it is difficult to arrive at accurate results in regard to its progress.

What is denominated by some practitioners typhus, is called by others typhoid ; while remittent, or even intermittent fevers, of a protracted and low type, may be classed as typhoid by some observers.

Personal observations have convinced us that the peculiar form of fever described by Louis, Bartlett, and others, as typhoid, and by Dr. Wood as enteric, has existed within the city limits during the year, and the testimony of medical friends, well qualified to judge, is equally clear upon this point.

The first case which fell under the observation of the writer occurred in a lady, about 40 years of age, residing in north Second st., in the vicinity of the great fire of July 9th. Soon after this event, this individual, who was of a nervous temperament and in feeble health, sickened with a fever, supposed to be consequent upon the alarm and anxiety occasioned by the fire. She had chilliness, violent pain in the back and limbs, extreme restlessness, inability to sleep, loathing of food, furred tongue, a feeble and rapid pulse, great muscular weakness, and constipation. This state of things continued for several days before I saw her. I directed mild purgatives, diaphoretics and anodynes, believing the disease to be the result of mental agitation, and supposing that it would subside in a few days.

The fever, however, increased, alternating with copious and exhausting sweats, and without any diminution in the frequency of the pulse,

which ran beyond 120. The thirst was urgent, and the skin, at times, burning hot. There were no red spots or sudamina on the abdomen, nor were the bowels loose, as is generally the case in typhoid fever. As the disease advanced, the nervous symptoms became more urgent, the weakness was extreme, subsultus tendinum and delirium supervened, and the breathing became irregular and laborious. The lungs appeared at times to be almost suspended in their movements, the diaphragm and abdominal muscles being in laborious and irregular action.

There was no evidence of pneumonia or bronchitis, and the peculiar character of the respiration indicated strongly nervous exhaustion. This was coupled with great irritability of the stomach, and the rejection of nourishment and stimulants, thus cutting off the chief means of restoring the vital forces, and the patient sunk into a deep coma, and died on about the twelfth day of the disease.

The lungs were found to be perfectly healthy, in a post-mortem examination; but, owing to the heat of the weather, and the shortness of the time allowed for the examination, the mucous membrane of the bowels was not inspected.

A young woman, about 30 years of age, who nursed this patient, was attacked (7th month 30th), a week after her death, with chilliness, followed by fever, with pain in the back and limbs, and stiffness of the joints, simulating articular rheumatism. A small dose of medicine, given four or five days from the commencement of the disease, brought on copious purging, which it was necessary to check with anodynes. The patient had a disgust for any kind of food, and when urged upon her was very apt to vomit; the stomach was, indeed, very intolerant of medicine and drink, and the patient would sometimes have bilious vomiting on awaking from sleep, and without anything having been given to excite it. The tongue was coated with a dense, slightly-yellowish fur, which cleaned off at the end of eight or nine days, leaving it smooth, red, and moist, and assuming, in a little time, a yellowish appearance, with an occasional tendency to dryness. The pulse was rising 100, weak and small. Muscular strength greatly impaired; dizziness of the head, and sickness on rising from the pillow. Perspiration frequent and copious, attended with heat of skin, without any marked diminution of the frequency of the pulse until the approach of convalescence. No delirium or pain in the head; no red spots, sudamina or tympanitis.

These symptoms continued, with but little abatement, for about three weeks, after which a gradual amendment took place. The irritability of the bowels diminished, and the stools became consistent and natural. The appetite improved, and the pulse went down to its natural standard, though great weakness, stiffness of the limbs, and irritability of the stomach, continued for several weeks longer. The hair came out during this period, leaving the patient almost bald, but grew again after her health was established.

The diarrhœa, frequent pulse, muscular debility, neuralgic pain, and the continued form of the fever, taken in connection with the circumstances of its origin, sufficiently indicate the character of the above case, although several symptoms, which are usually set down as marking typhoid fever, were absent.

The next case occurred in the early part of the 9th month (September), in a young woman of about the same age, and presented many points in common with that just narrated. There was the same neuralgic pain and stiffness of the joints, with loathing of food, dizziness of the head, nausea and vomiting, diarrhœa, great muscular debility, &c.; the fever and diarrhœa continuing, without decided amendment, for about three weeks, when a gradual amelioration of the symptoms became manifest, and convalescence was evidenced by a return of the appetite, the establishment of healthy fecal evacuations, and the reduction of the pulse to its natural standard. The recovery was very slow, and the hair came out, as in the previous case.

This patient had not been exposed to the disease, and was living comfortably in a healthy part of the city. No one who attended upon her, or visited her, was attacked.

The next case was in the 10th month (October), and was clearly traceable to a foreign source. The patient, a little girl of about 13 years of age, daughter of an officer in the custom house, had been on a visit to Carlisle, Cumberland County, where an epidemic typhoid fever was prevailing. There her brother sickened with it, and was quite ill for several weeks. When he had sufficiently recovered, the family returned to the city, and in a few days the little girl complained of chilliness, pain in the back, stiffness of the joints, languor, loss of appetite, &c. She kept about for a week before I saw her. She now had diarrhœa, was restless and feverish at night, with a pulse rising 100. The discharges from the bowels were yellow, and about the consistence of mush, and occurred five or six times a-day. (These thin, yellow stools I have observed in a number of cases of this disease.) There was the same loathing of food as in the other cases. The tongue, which was heavily coated, began to clean in the centre about the fifteenth day, presenting a dry, chapped surface underneath. The loosening of the fur was preceded by accumulations of sordes about the gums, and a flow of saliva, with the odor of salivation, although the patient had taken but two grains of calomel, in divided portions, five or six days before. At this period there was a tendency to drowsiness, with slight subsultus, and a more feeble and frequent pulse. As in the other cases, there was vomiting of bilious matter from slight motion, and sometimes after awaking from sleep, without anything having been taken, and without previous nausea; and this tendency to emesis was noticed to be more frequent when the diarrhœa was checked, and *vice versa*. There was also in this case, when the patient was at the worst, an involuntary contraction of the fingers, continuing for several hours, which I regarded as a sort of prolonged subsultus. No delirium, except a little wandering of the mind at times, after awaking from sleep. Slight tympanitis at times. No sudamina or red spots were observed. This patient began to convalesce in the fourth week of her illness. The hair came out at a later period; and it was several weeks after convalescence was established before her strength was restored.

*Remarks.*—The above cases may serve to illustrate the form of fever to which the name typhoid has been recently applied, and which is to



be met with in the city of Philadelphia, during the greater part of the year.

It usually occurs in young subjects, runs a protracted course, and manifests a train of symptoms by no means uniform. How far these fevers are distinct and peculiar, and whether they are entitled to a distinct classification, are questions about which there is still a difference of sentiment amongst men of high authority, and one which we do not propose to discuss in the present report.—*Trans. Penn. State Med. Society.*

#### ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 213.]

IN addition to the expression of the eye and countenance, to sleeplessness and alienation of feeling, in insanity, there are numberless and various indications of change in the mental condition, such as thoughtfulness, inactivity, neglect of and apparent indifference to former pursuits and pleasures, abstinence, constipation, vitiated secretions, sudden impulses, restlessness, extravagant schemes, suspicion, sudden bursts of laughter or of tears, &c. &c. Some forms of insanity, indeed, so closely resemble aggravated cases of hysteria, as almost to identify them, especially in that form which is termed *Erotomania*. Here there is generally some irregularity in the uterine function, together with excited imagination, protracted desire, and great susceptibility of the whole nervous system, of all which the maiden “*nulli bene nupta marito*” is peculiarly the subject. This is another illustration of the effect of the mind on the body.

The brain is at first only sympathetically affected ; but the reiteration of hysteric paroxysms will occasionally induce a morbid action of it, with delirium, and ultimately insanity—more particularly where the exciting cause is referable to blighted hopes and affections. And when I speak of this as a cause of mental derangement, I will venture, without fear of contradiction, to assert that *any* strong impression on the sensorium, or *any* passion in excess, may give birth to it, especially where there is a constitutional predisposition to the malady. Dr. Prichard (the late commissioner in lunacy) considered the passions and emotions the principal and most frequently productive causes of madness ; and, in common with Pinel, Georget and others, was of opinion that the moral causes predominate considerably over the physical. In the wealthy and well-educated classes of society there can be but little doubt of it, for obvious reasons ; but amongst the poor and uneducated I believe that the balance will be found in favor of the latter : their intellect, rusty by disuse, is less under the influence of excitement ; their feelings are more dull ; their nerves less sensitive ; and, unless roused into action by spirituous stimulants, their general susceptibility is less acute. Hence it is that amongst the savage tribes, where the mind is totally uncultivated, insanity is comparatively rare. Rush pronounces it to be unknown amongst the North American Indians. Intense study, on the other hand, is an occasional source of it ; and the too close ap-

plication and over-strained mental exertion in some of the forcing-houses for puerile intellect called "seminaries," frequently lay the foundation of nervous disorders, and even of insanity, in those who are delicately constituted, or in whom an hereditary predisposition exists.

Rousseau considered reading to be the scourge of infancy, and would not allow his *Emilius* to learn a line by heart till he was 12 years old. Madame de Sevigny says, also—"Je suis persuadée que la plupart des maux viennent d'avoir le cul sur selle!" Children of the present age are sometimes too much confined; and if constrained (observes Dr. Darwin) to sit in the same place for hours together, are liable to acquire a habit of playing with their hands, feet, &c., called "tricks," to exhaust an accumulation of the irritability by which they are goaded.

Where the amount of study exceeds the capability of enduring it, especially in young subjects, fearful consequences may be expected. The susceptibility of the immature brain is stimulated at the expense of bodily power; the forced plant is watered with the blood of life, and nature's laws are violated irreparably. Thus, in alluding to the budding genius of "unhappy White," Byron exclaims—

"Oh! what a noble heart was here undone,  
When Science self-destroyed her favorite son!  
Yes, she too much indulged thy fond pursuit,  
She sow'd the seeds, but Death has reap'd the fruit.  
'Twas thine own genius gave the final blow,  
And help'd to plant the wound that laid thee low!"

Dr. Andrew Combe observes, "I have lately seen several instances of insanity, and also of total incapacity for future useful exertion, brought on by long protracted and severe study, in subjects whose talents, under a better system of cultivation, would have raised them to eminence. Pope was a remarkable example of this. By excessive application he fell into that state of exhaustion which Smollett also once experienced—a "coma vigil"—a sort of torpid indistinct existence—an affection of the brain when the principle of life is so reduced, that all external objects appear as if passing in a dream; and it was only by giving up study and riding on horseback that he regained comparative health. Sir Humphry Davy brought on a severe fit of illness by over-excitement of the brain in his chemical researches; and in his interesting life of him Dr. Paris has stated that "he was reduced to the extreme of weakness, and his mind participated in the debility of his body."—(p. 183.)

It is the same with the brain as it is with the muscles: exercise strengthens and refreshes, but labor weakens and exhausts their power; and, as in the lamentable instance of Sir Walter Scott, where, in the decline of life, his embarrassed mind and circumstances compelled him to force the brain beyond what it was willing to supply, it sunk under the exertion.

Let me not, however, by these observations, be branded with the stigma of discouraging literary labor. A man may denounce intoxication without abjuring wine—and a physician may prescribe opium with advantage, though an over-dose may destroy life. The mind of every man is not only capable of, but improved by a definite proportion of ex-

ertion. Attention may be, and ought to be, kept up for a certain time ; and, by frequent exercise, the study which at first occasioned fatigue may be protracted with facility and pursued with pleasure ; and it is worthy of record, that mathematicians and philosophers have generally attained a considerable age—so that even abstract calculation, or correct thinking, does not appear, with all these delirious visitations, to shorten life, or Sir Isaac Newton would have died long before he reached his 85th year. Mathematics have, in fact, been considered to be prophylactic of insanity, instead of inducing it ; and Plato designated mathematical demonstrations the “ purgatives of the soul.” Certainly, as the late Sir Henry Hallford observed, “ nothing more entirely bars the intrusion of ‘ thick-coming fancies,’ by occupying the whole mind, than mathematical studies ; and he instances a physician who, whilst he was practising physic with great reputation in the country, became deranged. After a separation from his family of some months, he was advised to resume the study of Euclid, to which he had occasionally dropped hints of his partiality. He did resume it, and with the happiest effect, and recovered at length so entirely as to be able to re-commence business in London, and to continue to practise physic until his death.”—(Essays, p. 134.)

A certain learned member of the present House of Lords, I am informed, is in the habit of seeking recreation of his mind from abstruse political studies, by solving quadratic equations and stiff problems. Lord Bacon advised that “ if a man’s wits be wandering, he should study mathematics.”

The poet, on the other hand (whose imagination is ever on the wing, whilst his reasoning powers are comparatively at rest), is more liable to insanity than the philosopher ; and it is a curious fact that, in one asylum which I visit, the great nephew and niece of one celebrated poet, the son of the author of a poem which has immortalized him, and John Clare (the celebrated Northamptonshire rustic poet), were all inmates at the same time. The “ Insanit, et versus facit ” was frequently exemplified in Clare, even during my visitations ; and I have by me several pretty poetical effusions written by him during his confinement there.

Religion, so called, or perhaps more properly spiritual intoxication, is another and a frequent source of mental aberration, and perhaps there is not an asylum of any celebrity, public or private, in which some unhappy victims of misguided fanaticism are not to be found. A mind that is by nature weak, and that having been overwhelmed with sorrow for the loss of relatives, or friends, or other depressing events, and early and deeply imbued with religious feelings, resorts to meditation and retirement for relief, is very liable to melancholia : still more, a man who has been awakened to a sense of contrition from a life of debauchery, by some serious illness, or by the impassioned appeal of clerical eloquence, and impressed with the idea that he has forfeited all hope of forgiveness by his misconduct, abandons himself to sorrow and despair, may be plunged at once into melancholy madness, or driven to a state of raving and distraction from which he may never be redeemed. I cannot recall to memory a more painful illustration of insanity than has been present-



ed to my contemplation in the restlessness and horror manifested by this kind of patient ; nor is there a more frequent cause of suicide.

"In minds broken down by adversity," observes Dr. Burrows, "and little acquainted with its genuine precepts, a consequence opposite to that which was sought and expected from religion sometimes ensues. In this case the moral feelings have greater force than the spiritual, and the disappointment is not the default of the principles of the christian faith. However natural it may be for a devout person to discredit that it is ever a cause of mental distraction, or for him who teaches that religion is the sole duty of life to disbelieve that too much enthusiasm *can* subvert the intellectual system, yet it is clear that, under certain circumstances, insanity *is* occasioned through the agency of religion." Enthusiasm and insanity bear such close affinity, that the shades are often too indistinct to define which is one and which the other. The over-zealous, consequently, should be taught to temper their fervor with discretion, and be reminded that the calendar of crime is stained with the blood which has been shed by its fanatical exuberance. It is not *religion*, but the distortion of zeal, which is a very different thing.

Itinerant preachers, who, abounding in zeal but deficient in judgment, endeavor to frighten their motley and illiterate auditors by declamation, have frequently shaken reason from her seat, and laid the foundation of this distressing type of the disease. A young woman (for the softer sex are principally the victims) came under my care not long since, solely from listening to one of these spiritual empirics. Even divines of a higher order have exercised and evinced almost incredible influence on their congregations. Thus, during a funeral sermon preached by Bossuet, on the death of Henrietta Ann, the daughter of our Charles I., and wife of the Duke of Orleans, the writers of the time mention that "the whole audience arose from their seats ; that terror was visible in every countenance ; and that for some moments Bossuet himself was unable to proceed !" The Abbé Caron, who published the life of M. Bridaine, the missionary, states that, at the conclusion of one of his sermons, at Magnole, on Hell, the auditors were so much affected that they all remained motionless ; that for three days following his mission all the town remained in consternation and mournful silence ; and that, in the streets and public places, young and old men were seen lifting their eyes and hands to heaven, and crying aloud, "Mercy ! O Lord, mercy !" Butler states that he was present at a sermon preached by the late Dr. Hussey, the Catholic bishop in Waterford ; "that during one apostrophe the audience was agonized, and that at the conclusion there was a general shriek, and some fell to the ground." (Reminisc. p. 257.)

With such startling effects on the nervous system as these anecdotes of pulpit eloquence depict, it cannot be a matter of surprise that the brain should sustain a powerful shock, or that its equilibrium should be upset. I have adduced them as additional illustrations of the power of the mind over the body, and deem it unnecessary to enlarge on the *moral* causes of insanity. Amongst the *physical* may be enumerated hereditary predisposition, intoxicating liquors, congestion of the brain from frequent determination of blood to the head, coups de soleil, inju-

ries to the head. narcotics, gastro-intestinal irritation (of which I spoke in my preceding lecture), epilepsy, apoplexy and paralysis, metastasis, scrofula and other causes of structural disease in the encephalon, masturbation, venereal excesses, and whatever tends to exhaust organic nervous power.

[To be continued.]

## DYSENTERY.

[From Dr. J. F. SANFORD'S Reports of the Iowa University Hospital, at Keokuk.]

CAROLINE SANDERS, a widow, aged 35, sanguine temperament, robust constitution, was admitted Aug. 13th, 1851, laboring under extreme symptoms of acute dysentery. Her habits are good, but her daily labor, upon which she is compelled to rely, is not sufficient to supply her with the comforts of life: she was moved from a small filthy hut on the bank of the river, from the floor of which the water had lately retired; and in this damp, noxious apartment, with scarcely food to sustain life she was seized with the disease three days before admission to the hospital. Dysentery has prevailed as an epidemic in this city, during the latter part of the summer. Symptoms on day of admission were as follow: Intense fever, severe pain in the head and back, thirst urgent, hot and dry skin, pulse frequent and firm, constant desire to go to stool, and every effort attended with the agonizing tenesmus; great tenderness of the abdomen, especially over the course of the descending colon, and difficult micturition. She had taken from her physician, on the day before admission, calomel and opium without relief. The discharges were small, and consisted wholly of mucus and blood. The following prescription was ordered.

Cupping freely over the track of the colon; morphiæ sulphas one fourth grain, with one grain of ipecac., after each evacuation, until the bowels were tranquillized, and after that, every two hours; an enema of half a grain of morphine in two ounces of mucil. acacia, every three hours: sponge the skin with cool water; apply fomentations to the abdomen, and allow the patient cold water *ad libitum*; no nourishment till next morning visit.

Aug. 14, 12 M.—Patient comparatively comfortable. The fever is not so intense, and the symptoms generally are mitigated, but the tenesmus is still present, with soreness of the abdomen upon pressure. The discharges exhibit the same appearance, but the urinary difficulty has passed away. Ordered free cupping of the lower part of the abdomen, and a continuation of the first prescription. A little tapioca was allowed.

15th.—Patient much better this morning. Slept well after 12 o'clock, and has had no desire to go to stool since 2 o'clock, A. M. There is little fever, the pulse slow and soft; no thirst; slightly narcotized. Half the quantity of morph. with ipecac. was given at intervals of six hours, to maintain a calmative influence, and the injection ordered only after

an attempt at stool. The fomentations were continued, diluent drinks allowed, with arrow root or tapioca for nourishment.

16th, 10 o'clock, A. M. Found patient perfectly calm this morning ; free from pain or fever ; pulse slow and soft ; tongue clearing off ; no tenderness of abdomen, and no evacuation from bowels since last visit ; appetite good. All medicine was now withdrawn. The patient is to remain in bed until next visit ; and restrict the diet to farinaceous articles, as before.

17th, 12 o'clock, M.—Patient sitting up in bed ; feels well ; appetite good. Had small evacuation this morning, at 6 o'clock, without pain, but attended with slight straining. Aromatic syrup of rhubarb  $\frac{3}{4}$  j. was ordered, and as the patient was much debilitated, she was allowed small quantities of animal broth. Quietude was enjoined.

18th.—The bowels operated once quite freely, and without pain, in the early part of the night. The patient is sufficiently recovered to leave the Hospital, which she did in the evening, with directions to find more comfortable quarters, until her health was fully re-established.

We have selected the above, from a number of cases of dysentery treated in the Hospital during the past six weeks, for the purpose of illustrating a course of treatment, which, in our hands, has proved infinitely more successful in this disagreeable and dangerous disease, than any other we have tried. The case of Mrs. S. seems to present all the phenomena of the acute form of the disease, commencing under circumstances calculated to favor the violence and rapidity of its subsequent course. We need not allude to the established pathology of dysentery, as every one knows that even in *sporadic* cases the lesions incident to it are such as place life in the utmost peril, and by their obstinacy and persistence greatly perplex and embarrass the medical practitioner. But when to these ordinary and inherent dangers, is added that malign element, present in virtue of an *epidemic* prevalence of the disease, the obstacles to successful management are still greater. There is, perhaps, no disease which the practitioner would not rather meet (except epidemic cholera) than epidemic dysentery ; and the sense of difficulty in its management is always augmented by the discrepancy which we find in standard authorities, as to the remedial means to be applied. Called to a case of dysentery, the practitioner prescribes some common-place remedy, under the impression that it will meet the existing indications ; but when he calls the next day he finds his patient but little better, or perhaps the symptoms may be masked by the use of anodyne remedies ; this stimulates a continuance of the same prescription. On the third or fourth day, however, he finds that the patient still has fever, tenderness of the abdomen and painful discharges of mucus and blood. He is now satisfied that something else is to be done, and he changes the treatment ; and after another three or four days he finds the patient still without any mitigation of his disease. He is now uneasy, applies to his books, and there finds recommended all the plans which have been followed since the days of Hippocrates. He begins to make his selections, and carries the patient through, perhaps half a dozen of them, giving each three



or four days' trial. It is not surprising that many constitutions are incapable of running this gauntlet, and succumb to the disease. This is a faithful recital of what we have seen, and we have often heard gentlemen say, in consultation over a patient *in articulo mortis*, that several times, during the progress of the disease, they were on the point of bleeding or cupping the patient, but were deterred, from the fact that the disease seemed on the point of yielding, or by some objection of the patient.

We have reported the case of Mrs. S., that we may have occasion to say, that after passing through a severe epidemic of dysentery, and treating over forty cases, without a single fatal result, we are convinced that the course detailed is the best and most successful that can be adopted. But to be so, it must be persevered in. Let no case of acute dysentery pass the first day without a free cupping over the course of the colon. General bleeding from the arm is not always necessary, especially in the epidemic form of the disease; but cupping can rarely be dispensed with, and should not be waived on account of any objections of the patient. Opiates, which, *without this preliminary step*, often do little more than hold the symptoms in abeyance for a short time, *after it* exercise a powerful curative influence; and the difference in their operation and effects, based upon this consideration, is often the difference between life and death. We should not be deterred by apparent debility in the first stage, from free local bleeding. We have an acute inflammation, establishing a tolerance of this proceeding, and we have never seen a patient's debility increased by it. We prefer the form of opium above given, to any other, and always persist in its use until the indication which renders its administration necessary, is fulfilled.

*Western Medico-Chirurgical Journal.*

#### PALMER'S PATENT LEG IN LONDON—LETTER FROM MR. PALMER.

Office of Palmer's Patent Leg,  
30 Regent St., London, Oct. 1st, 1851.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Not wishing to write for public criticism unless I have sufficient matter of *fact* to arrest the attention of the reader, I have delayed sending my second letter to your esteemed Journal until the present time; and as I am cheerfully expecting to step from the steamer into Boston very soon, this will be the last which I shall have the honor of addressing to you till I have said "good-bye" to our esteemed "cousin" John Bull, Jr., Esq.

I have informed you of my reception in London—of my unexpected success up to the time of writing in July, and that I was about to open a manufactory here. My progress since has been more remarkable, and I now find myself in the midst of a business the extent of which you could scarcely believe possible. I am actually *run down* by the lame—and I might add, "the lazy." At the time you left London, the licensees for the manufacture here were Bigg & Son, of Leicester Square;

but foreseeing a demand for the invention much beyond their calculation or readiness properly to supply, and having much better opportunities to dispose of the patent, I purchased their interest in the same, and have made a more satisfactory arrangement with other parties. The manufactory is now in successful operation, with genuine yankees at its head, and the sale has commenced under the most auspicious circumstances. Among the many distinguished patrons we have already secured, is the very eminent Guthrie, who has to-day sent me the following certificate.

"4 Berkley St., Berkley Square, Sept. 30, 1851.

"SIR,—I have no hesitation in stating, according to your desire, that I consider your Patent Artificial Leg to be the best invention I have yet seen—the most useful, and the least distinguishable from the natural limb.

I am, sir, your very obedient servant,

"Mr. Frank Palmer.

G. J. GUTHRIE."

Applications are now received for about \$8000 worth of limbs, and among the applicants are many very distinguished persons—one being General Sir William Harris, of this city; another, the famous Gen. Döll, of the Austrian army; and another, Gen. Talbot, of Aix la Chapelle, Belgium.

The first limb manufactured here was for a distinguished lady—the wife of Dr. Turner, of Kensington. Dr. T. is an eminent and rising surgeon, and a truly clever fellow. I have been, by Dr. and Mrs. Turner, most cordially welcomed at their house; where, in social parlance, undisturbed by the tyrant *fashion*, or the moustached sycophant *etiquette*, a genuineness of soul has been manifested; and it is with a feeling of pride that I mention them as among the choicest of my friends in London.

But I must not go on to enumerate the esteemed names of those who have received me with friendly salutations; and if, on the other hand, I have met a *few* who deemed it becoming to appear with the auricular organ essentially elongated, I will not waste my ink in writing of them. I am aware that my tale is quite unlike that of many of my countrymen, and that I may be charged with superior gullibility, which allows our cousin John to *cozen* me into an absurd belief, as he lays on the mortar with an *exceedingly large trowel*! Be it so; even then would it be yankee *cuteness* to remonstrate against excessive coating, if each coat applied has large pockets well lined with the choicest fabric from the—Bank of England? But I am not inclined to look at things in this light; and that fulsome flattery is found in different circles from those in which it has been my good fortune to move. I am constrained to state that my personal experience has been such as to demand that I speak well of the English people. And I am convinced that any of my countrymen, who have inventions of *merit*, need not fear to present them in London. There may be seeming inattention at first, or severe criticism, but the things of true merit will, eventually, be well received. An American will, it is true, meet with much to amuse and surprise him, while offering his "notions" to an English public; and if a zany of one class attacks him in a manner calculated to excite his "dander," before he can become "furious" a zany of another class will have him convulsed

in a fit of laughter. Had I the pen of a certain English author who was received by a generous American people with more attention than he deserved, I might, in retaliation for his shabby treatment of us, tell you many a tale of English impressibility, which would excite the risibility even of a chaplain of the Inconsolable Society. But I came not to England to make sport of her unfortunate poor, or of the more unfortunate wealthy whose treasures are found only in their coffers; neither did I come to traduce the character of her intelligent inhabitants, who receive me with hospitality, even though they show me more respect than is due so humble an individual. But I will narrate a single incident of the class at which I have hinted, and that shall be for the especial benefit of the man who burst his straps with laughter, because a dozen urchins of the Boston Ragged School pursued him for his *autograph*. And, in passing, I will suggest that what caused the boys to press about him for a specimen of his hand-writing, was, they took him for a *village writing master, from away down East*, and thought he might (as he did) cut some flourish for their amusement—such, for instance, as a goose.

On Saturday last the leg excitement was intense, as you may suppose, after the potential article in the London Times had been digested by the learned persons who throng the transept and naves of the Crystal Palace on the *half crown days*. In addition to what the Times, the Art Journal, the Illustrated News, the Chronicle, and many other of the leading London papers, had said about the leg, Punch, last week, under the caption of "Palmer's Legs," gave a cut of himself preparing for amputation, to enable him to avail himself of the improvements in person, and inserted a long article below it as his leader, in which, among many other things, he said, "Indeed, Mr. Palmer thinks he can perfect his invention, and construct whole bodies which will perform perfectly, which will execute *pirouettes, entrechats*, and so forth; sigh, grin, pout, leer and ogle as well as the very best *coryphées*. The *corps de ballet* is much excited, and Mr. Lumley is in treaty for six dozen of these *danseuses*." Such an announcement aroused the fashionables *en masse*, and the crowd that pressed around me on Saturday, evidenced that, truly as the *Times* (a word in which is magic) had been believed, Punch, also, had been accredited. A lady present, who had been a constant visiter in the Crystal Palace since the opening in May, while inspecting the leg, said, with great earnestness, "What a pity it is this great invention was not here sooner—I saw in the papers that it had only been here about a week." I replied, "These limbs have been here in this place, as you now see them, since two weeks prior to the opening of the exhibition." "Why," continued she, "have I not seen them before, as I have passed here so often?" "The reason is this, madam—the first four months of the exhibition, the *Times* and *Punch* told you that there was nothing to be seen in the 'American Prairie,' and so you saw nothing! Now, the *Times* tells you that your 'cousins are as preëminent in leg-making as in yacht-building,' and Punch declares that Mr. Lumley is in treaty for a quantity of patent legs to supply the *corps de ballet*, and you see them." Hesitating a mo-



ment, the lady replied, "I suppose it is so." And yet she was not one of those *poor mortals* who are compelled to

"Stitch, stitch, stitch, from weary chime to chime,"

But was

"Dressed as the nobles dress,  
In robes of silver and gold;  
Silks and satins and costly furs,  
In many an ample fold."

Now, I ask, who appeared best, the ragged fellows who chased "Boz," thus evincing a desire to *learn something* of the man they mistook for an English gentleman; or this lady, who looked for four months at a case of full-sized legs, and did not see them till Punch said they were better than natural ones in the opera or polka? If, this week, Punch should announce that Mr. Lumley's order has been executed, that lady would be seen nightly at Her Majesty's theatre, squinting at the beautiful patent *danseuses* through a pair of Colt's revolvers!

But enough of this, and I leave the subject by informing you that "the American Leg," in competition with some thirty of the best European manufacture, among which are the best Paris limbs, has received the award of the only "*prize medal*" in this department of mechanism in the Crystal Palace. I have received renewed invitations from the faculty of Paris, and go there (for a few days only) on Saturday next. M. Charriere, and M. Lürer, the renowned surgical instrument and limb makers of Paris, have both applied for my French patent.

The great exhibition will close on the 11th inst. I saw the grand *opening* on the first of May, and shall see the grand *closing*. You have recently learned that the "American Prairie" of the Crystal Palace has now become the centre of attraction, and that after all the sport made of our *notions*, Jonathan will embark for home, with his *yacht well loaded with medals*! In fact, I shall not be surprised if he gets rather more than his share of the honors. At any rate, the London Times has frankly and manfully declared that the yankees "have taken the shine out of them," and has made the most ample reparation for all it said disparagingly of our representation in the Crystal Palace during the early part of the exhibition. But for one, I am little inclined to find fault with the course the Times has pursued, and a little *rubbing up* did us no harm. In fact, there were many *rusty notions* in our division, which *required* rubbing, and then our best articles could not possibly have been appreciated till explained, and many of them tested in competition with others. Yachts had to be run—grain cut—furrows turned—locks picked which had defied the skill of man for a quarter of a century—pistols fired, and legs probed until they could be decided to be *artificial*, before the worth of our inventions could be understood. I speak of only a few inventions about which most has been said, but assure you there are many other splendid triumphs of American ingenuity, as the list of awards will soon tell. But all is now good-natured rivalry. The Times has proposed to "shake hands" with us, and separate as good and affectionate cousins. This is fair—is manly—is *fraternal*. And bidding the levathan of papers and its esteemed and clever Editors, together with nume-

rous English friends, a kind good-bye, I shall step on board the steamer Europa on the 18th inst., and shall "hooray" for the Cunard line until I am landed safe in Boston, whence I shall proceed immediately home to Philadelphia to spend the winter.

I am, sir, your most obedient servant,

B. F. PALMER.

#### CONVERSION OF A HUMAN BODY INTO ADIPOCERE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I have just been present at the examination of a body exhibiting a very unusual appearance, and an account of it may interest your readers. Mrs. Phelps, a short fleshy woman, died of bilious fever in August, 1847, and was buried at Oak Grove, Dodge Co., Wisconsin, in a loose loam, lying over a lime-stone rock, where the body remained until last March, when it was disinterred, and brought over a rough road some fifty miles to this place. The curiosity of relatives led them to open the coffin, when they found the body in a remarkable state of preservation. It was then buried in a wet clay soil, where it has been under water probably most of the season. It was yesterday again disinterred, and the physicians of the place invited to examine it. The general appearance of the body is full and perfect, enveloped by the shroud, which tears like paper upon removing, and leaves the impression of the threads upon a very white, cheesy-looking surface. The nose, ears, and last phalanges of fingers and toes, have decayed, but every other part has been changed to adipocere, and presents, upon cutting (which was done freely), an appearance between that of cheese and spermaceti. Skin, cellular tissue, muscles and nerves are like, in color and density, a yellowish-white cheesy or waxy substance. It is only in the coarsest muscles, as the glutei, that any trace of muscular fibre can be found. The viscera of the thorax is undergoing the same change, though there is still considerable color, and many fibres intermixed with the adipose substance. The viscera of the abdomen was not carefully examined. The bones, which separate at the joints very readily, are beautifully white but solid. The hair is unchanged and keeps its place. The orbits contain small fatty masses.

Yours, &c. N. M. DODSON, M.D.

*Berlin, Marquette Co., Wis., Sept. 13, 1851.*

[In the Journal of 21st of May last, some account of the remarkable change in the body of Mrs. Dodge was copied from a western paper. The body was there represented as in a state of *petrification* on its removal last spring. Dr. Dodson only states above that it was found in a "remarkable state of preservation." Was it petrified, and changed from its stony hardness to an adipose condition by being re-buried in the wet clay soil of Berlin, or was the first account incorrect? We presume the latter to be the case, but make the above inquiry on account of two apparently contradictory statements respecting a remarkable occurrence being now recorded in our pages.—Ed.]

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 29, 1851.
 

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*Improvement in Dentistry.*—Presuming that any suggestion calculated to improve the art of mechanical dentistry, is acceptable to the profession, a recent plan for holding an upper plate against the roof and gums of the jaw, proposed by Dr. Smilie, of this city, whose constructive organs are always active, is here given. He sinks a small groove round the whole margin of the plate, or, rather, it is in the bottom of the canal which receives the gums. There is an immense atmospheric pressure secured by this process, which could not be obtained by any other known method. Heretofore, where the gums were not prominent, by reason of the absorption of the bone, and the teeth were frequently falling, it has been customary to have an air-chamber in the centre of the palate plate. Ingenious as this scheme was considered, there has always been one objection to it, of sufficient importance to render some other plan desirable. The person who was obliged to have an air-chamber, could not articulate distinctly, as the tongue was perpetually annoyed by the prominence. Dr. Smilie's contrivance is quite simple; it is out of the way, and the holding power is precisely where it is needed, on the edge of the gums. When the plate is in place, there is a small space empty, and consequently it is all the time fitting itself to the soft parts, as well as holding on where it should. If Dr. Smilie would favor us and his brethren of the dental profession with a more minute description of his plate, and describe the manner of sinking the canal, he would be doing a peculiar favor to all concerned.

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*Physicians' Visiting List.*—Messrs. Lindsay & Blakiston, of Philadelphia, have published a curiously-contrived book for the pocket, which every practitioner who sees it will want. It is about eight inches long, by two and a half wide, with an abundance of ruled blank leaves, comprising memoranda for each month in the year, addresses of patients and nurses, bills and accounts asked for, memoranda of wants, obstetric engagements, list of things lent, &c. &c. No intimations came with the specimen copy, to inform our friends where the "List" may be found, but no doubt at all the booksellers. Were the publishers to send a bundle of them to this office, a market for some of them would be found. The title is "The Physician's Visiting List, Diary and Book of Engagements, for 1852."

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*British and Foreign Pharmacopæias.*—The profession is indebted to Messrs. Lindsay & Blakiston, of Philadelphia, for an American edition of the Pocket Formulary, and a synopsis of the Foreign Pharmacopæias, comprising standard and approved formulæ for the preparations and compounds employed in medical practice, by Henry Beasley. The volume is a compact 12mo of 443 pages, abounding with the kind of information a practitioner feels himself in want of. For dispensing apothecaries, there can be no superior guide, and it must naturally become the companion of the laboratory. The compiler consulted all the best pharmaco-



pæias in Europe, and brought the formulæ derived from all these reliable sources, as far as practicable, to a uniform standard of weights and measures. The calling of the book a *pocket formulary* is the only mistake detected in it—unless the author meant that the volume would fill a pocket of ordinary dimensions. Accuracy in medicinal preparations is absolutely necessary, since a mistake to the extent of a quarter of a grain, of some articles of the *materia medica*, would be attended with disastrous consequences. By comparing one part of the book with another, and examining into the proportions of ingredients, here and there, especially where the character of the medicine requires the utmost exactness, a marked degree of caution is noticed, and all the arbitrary signs and figures appear to have been carefully read in the proof. Confidence is therefore inspired, which is important in regard to a text-book that has a bearing upon the subject of health.

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*New Orleans Monthly Medical Register.*—The command to “multiply and replenish the earth” certainly had no reference to the publication of medical journals, and yet the world is becoming quite full of them. It is either supposed by those who have had no experience with them, that they are very productive as property, or the demand is vastly on the increase, beyond what we have been supposing. Medical periodicals are now sufficiently numerous to accommodate every school and system of medicine. True, one of them every now and then suddenly disappears from the firmament where it had been shining with brilliancy, but its place is soon supplied by a new candidate for public favor. For our own part, we admire enterprise, and hail with delight each and every effort to sustain and dignify the profession. It requires the combined powers of energetic, responsible men, to keep at bay the audacious approaches of marauding quacks, who are over-running the whole country.

The *Monthly Register* is edited by A. Forster Axson, M.D., whose introductory leader is a well-written, manly, judicious paper—showing evidence of his capacity, talents and good nature. May the *Register* live a thousand years, and maintain throughout the high character with which it has commenced.

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*Washington Board of Health.*—A copy of the report of the Board to July, 1851, comes too late to receive the attention, this week, its contents demand. We recognize in this public document, as on former occasions, the directing influence of the learned president of the Board, Thomas Miller, M.D. His views are always sound on measures having a bearing on the public health, while his tabular records are models in regard to method and accuracy. The president says he regrets that no certain reliance can be placed on the reports of the duration of disease.

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*Treatment of Lunatics in Syria.*—The insane fare badly in Turkey, but rather worse in Syria. The current theory is, that they are possessed of devils, and priests alone are supposed to be the proper persons to dislodge them. In the neighborhood of Beyroot there is a convent in the mountains, wildly poised among the rocks and overhanging a terrific gorge, in which the Maronites maintain a very mysterious power over

their fraternity, and this is even extended and felt among the Musselmen. When a case of lunacy occurs, the most pious moslem connected with a mosque exerts his powers, which are accompanied by blows without stint. A young man of Beyroot was driven from bad to worse by the cruelties of these inhuman and blind leaders of the blind, who struck him over the mouth with a shoe whenever he uttered a syllable. They succeeded in overawing the unfortunate wretch, whenever a shoe was held up, and therefore reported him cured. The moment he was removed, his paroxysms of incoherent mutterings came on again, and the last resource was to send him to the Monks of St. Antonio. A gentleman who lately visited the convent was shown a heart-sickening case of insanity, under singular treatment. They had lowered the patient into the well, where they could command him from above, without the patient being able to resist or protect himself. It was generally admitted that flagellation was often practised. No one dared utter a note of complaint when the old hypocrites were present. Their fame has been spread extensively, and it is believed that under their treatment devils are obliged to take to their heels, when all other exorcisms fail. The people generally appear kindly disposed towards insane persons, and by charitable contributions, from day to day, have they been fed, when all resources from relatives have failed.

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*Insanity caused by the Use of Tobacco.*—Dr. Kirkbride, in his last annual report of the Pennsylvania Hospital for the Insane, speaks as follows of two of the alleged causes of insanity in cases under his care.

“Two cases in men, and five in women, are reported as caused by the use of opium, and four in men as caused by the use of tobacco. In reference to the influence of these articles in producing insanity in the cases referred to, there did not seem to be any just ground for doubt. Opium is much more used among females than males, and its effects upon the mind, no less than upon the body, are of a most injurious character. The use of tobacco, which is much more restricted to men, has, in many individuals, a most striking effect on the nervous system, and its general use in the community is productive of more serious results than are commonly supposed. Its excessive use is apt to develope gastric derangement and disorders of the nervous system, and render active other influences that might have been harmless. In many chronic and recent cases of insanity, the effects of a temporary indulgence in it are so striking as to attract the attention of all who are habitually about the patients. After no inconsiderable amount of experience in reference to this article, I have no hesitation in saying that I have never seen anything more than a temporary annoyance, such as would occur in giving up any confirmed habit, result from its entire discontinuance, and by that course alone the complete re-establishment of impaired health has often been produced.”

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*Palmer's Legs.*—The following is the whole of the article from “Punch,” which is alluded to, and quoted from, by Mr. Palmer in his characteristic letter in to-day's Journal. It is copied chiefly for the *amusement* of the reader, who has already been well *informed* respecting the advantages of Mr. Palmer's invention, and its signal success on the other side of the water.

“An American gentleman, named Palmer, having lost one of his own lower limbs, has invented a leg, with which he walks as well, dances as

well, rides as well, kicks as well, as with the original member. We hear that bushels of legs are ordered for Chelsea and Greenwich Hospitals; and that the services are very much annoyed, because persons losing a limb will not be pensioned in future, but will be refitted and sent back to active duty in their ships and regiments.

"Admiral Lopp and Colonel Hopper, C. B., at the United Service Club, have expressed their determination to have each his leg taken off (the Admiral suffering much from gout, and the Colonel, who is still the dandy of 1815, from a tight boot and corns), and to wear nothing but American legs for the future.

"A council of footmen has been held at the Wheel of Fortune, Mr. Jeames in the chair. Several gentlemen who are out of place, and thin about the calves, have expressed their determination to amputate against the season, and are going into the Saint George's Hospital forthwith. It is thought that families requiring tall footmen, will be better pleased to have uniform legs behind a carriage, than the unequal calves, the thick ankles, and the unartificial stuffing, which so often disgrace the footboards of the aristocracy.

"The Corps de Ballet is much excited. Miss Bandinelli talks about chloroform and the knife, which a young Surgeon of Guy's offers to employ gratis; Mesdemoiselles Knox, Crookshanks, Spindle and Lanky propose to remedy the defects of nature by having recourse to this admirable American artist.

"Indeed, Mr. Palmer thinks that he can perfect his invention, and construct not only legs, but whole bodies, which will perform perfectly; execute *pirouettes*, *entrechats*, and so forth; sigh, grin, pant, leer, and ogle, as well as the very best *coryphées*. And we hear that Mr. Lumley is in treaty for six dozen of these *danseuses*, which will perform in the ballets perfectly: which, after the first expense, will cost the enterprising Impresario nothing: which will never quarrel, tattle, or use bad language behind the scenes: which, if they sprain their ankles, can be mended easily, in ten minutes, by the Carpenter of the Theatre: which will not lead young nobleman and men of fashion astray: and which, if wanted, can be hired out for parties to Greenwich, Richmond, &c., perfectly dressed, and capable even of taking champagne, lobster-salad, &c., as well as the present ornaments of the Terpsichorean stage.

"And they will not grow old, thin, fat, ugly, as the best of the living machines must do: and when gentlemen are tired of them, can be put away without any inconvenience."

*Effects of Fright—Aneurism of the Aorta.*—The subjoined case, as reported in the papers, possesses points of sufficient interest to the medical profession to render a fuller account desirable. Probably there was an uncertainty respecting the previous state of health of the child, which could not be cleared up at the trial, as a predisposition to the affections which are said finally to have proved fatal might not, at her age, have been noticed by any one, and she would not be likely, therefore, to be examined with a view to its detection.

"The Supreme Court of Rhode Island was engaged on Wednesday and Thursday of last week in trying a most singular case. The action was brought by Michael Hannon against Buffum Chase, for the loss of the services of the plaintiff's child. It appeared that Elizabeth Hannon, a girl



of about twelve years of age, who resided with her father, and assisted in the performance of household duties, some time in May, 1850, went to the house of a neighbor to get some milk, and in returning crossed the lot of the defendant. The defendant started in pursuit of her, and chased her through the lot, over a stone wall, to the door of her father's house, where she fell into the house very much frightened. The child continued very unwell, and afflicted with violent palpitations of the heart, which terminated in aneurism of the aorta and inflammation of the brain. She lingered until the 6th of September following, when she died. The defendant offered evidence to show that the deceased was not of sound health when the occurrence took place. The jury could not agree."

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*Medical Practitioners in the County of Philadelphia.*—The following report was presented to the Pennsylvania State Medical Society at its last meeting, and is copied from Vol. I. of its Transactions. The committee were Drs. F. West, R. B. Thomas, and L. Turnbull.

"The Committee appointed, in conformity with a resolution passed at the last session of the State Medical Society, 'requesting the different County Societies to procure an enumeration of the regular practitioners within their limits, distinguishing between those who are graduates of medical schools and those who practise medicine but who are not graduates; and to state also the number of irregular practitioners, distinguishing among the adherents of the several false systems which prevail,' respectfully beg leave to report:—

"That with a conviction of the interests and importance of the object intended to be accomplished by this action of the State Society, they have given all possible care and attention to the duty confided to them, and that they believe the results attained are, as nearly as practicable, correct and true.

"Regarding, as they do, the title "*Physician*," as properly and solely belonging to those who practise medicine in a legitimate and regular manner, it has been adopted as the most appropriate designation for the great majority of the practitioners in this county, reserving for all others the particular names, either given to themselves or by which they are commonly known to the community. Accordingly, under this last head, they have arranged Homœopathists, Hydropathists, Thomsonians, and Herb or Indian Doctors, whilst those who conjoin the business of druggists with the practice of medicine, are classified under the separate head of "practitioners of medicine and druggists."

"The difficulty, indeed the impossibility, of correctly determining the character of some practitioners, has rendered it necessary to arrange all such under some head expressive of this fact, and, accordingly, the term '*nondescript practitioners*' has been adopted for this purpose. The name '*advertising doctors*' has been given to another class.

"The whole number of practitioners, of all kinds, so far as could be ascertained, is 582, or, with allowance for omissions, say about 600. Of these, 397 are *physicians* (regular practitioners); 42 homœopathists; 30 Thomsonians; 2 hydropathists; 32 '*advertising doctors*'; 37 druggists and physicians; and 42 '*nondescripts*' or *unascertained*—in all, 582."

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*Similia Similibus in Surgery.*—An Italian practitioner, Dr. Francesco Rizzoli, sent sometime since to the Surgical Society of Paris, a paper on

a *peculiar* plan of his for rectifying accidental lameness. It would appear that Dr. Rizzoli was called to attend a man who had broken his thigh, and hearing that some time previously this patient had met with a similar accident on the other thigh-bone, which had suffered great shortening, the surgeon allowed the fragments of the bone, broken in the second place, to unite whilst riding upon one another; and both limbs being thus shortened to the same extent, he remedied the lameness.

A girl was subsequently brought to this surgeon, whose femur, after fracture, had likewise experienced shortening, and he coolly advised the breaking of the sound thigh-bone, to bring them both to the same length. This the parents refused, but the girl was so anxious to get rid of her lameness that she consented. Dr. Rizzoli broke the thigh by the agency of a screw attached to a rod, secured on two iron rings, one placed on the upper, the other on the lower part of the femur; the screw was connected with a strong semicircle, which pressed on the centre of the bone, and which, being tightened, fractured it. An apparatus was applied without reduction, the fragments united by producing shortening, and the girl walked straight. The Society were unanimous in condemning these proceedings.—*London Lancet*.

*Medical Miscellany*.—Several distinguished medical strangers are travelling here at the North.—Dysentery still has its victims in this region. Several articles respecting its treatment may be found in late numbers of the *Journal*.—The Medical School in Boston will open next week for the season. Prof. H. J. Bigelow has returned from Europe.—The number of medical students the present year in the United States would make a respectable army.—The editor of the *New York Medical Gazette* confers a merited rebuke upon the author of the title given to Dr. Watson's well-written article on Surgery in No. I. of the *New York Medical Times*. "*Surgical Nicknacks*" is a name unworthy a scientific paper, even if the latter word were of legitimate origin.—A correspondent at the South says he has used opium in strangulated hernia for 17 years.—We are informed that the method of reducing dislocations of the femur, lately recommended by Dr. Reid, of Rochester, N. Y., has been in use for some years in the interior of Alabama, and applied not only to the femur, but with some modifications to the humerus, and is said to have been discovered there by an overseer of a plantation.—Meetings have been held at towns in the eastern section of the State, by the Commissioners for locating and constructing a new lunatic asylum in Massachusetts, but the precise locality has not yet been decided upon.

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TO CORRESPONDENTS.—Dr. Burnett's remarks on a "Change of Climate by Northern Invaders," came too late for this number, but will appear next week.

A paper by Dr. Mitchell, on the Fevers of Steuben County, N. Y., will have an early insertion.

Our friend and subscriber in North Carolina, who presents a very rare complaint, viz., that he does not receive "more than half the numbers of the *Journal*," is informed that the fault must be in the mail, as the numbers are regularly sent from this office. He is also informed that the editor will, with pleasure, endeavor to furnish the documents asked for.

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MARRIED.—Dr. Edward H. Clarke, of Boston, to Miss S. L. Loud.—In Brookfield, Ct., Augustus C. Booraim, M.D., of New York, to Miss Candace V. R. Benham.

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*Deaths in Boston*—for the week ending Saturday noon, Oct. 25th, 72.—Males, 35—females, 37. Accidental, 1—disease of bowels, 3—inflammation of bowels, 1—disease of brain, 3—calculus, 1—consumption, 14—convulsions, 1—canker, 1—croup, 1—dysentery, 3—diarrhœa, 1—dropsy, 1—dropsy of brain, 3—typhus fever, 2—typhoid fever, 4—lung fever, 3—brain fever, 1—fracture of skull, 1—gastritis, 1—homicide, 1—disease of heart, 3—hemorrhage, 1—infantile, 4—inflammation, 1—disease of liver, 2—marasmus, 3—old age, 1—palsy, 1—puerperal, 1—smallpox, 1—syphilis, 1—teething, 3—unknown, 2—worms, 1.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 40 years, 22—between 40 and 60 years, 12—over 60 years, 5. Americans, 32; foreigners and children of foreigners, 40. The above includes 9 deaths at the City Institutions.

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CONSIDERATIONS ON A CHANGE OF CLIMATE, BY NORTHERN INVALIDS, AND THE CLIMATE OF AIKEN, S. C.

BY W. J. BURNETT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FROM its geographical position and its exposed situation, New England has a climate quite dissimilar from that of any other portion of the world as thickly inhabited, and capable of producing changes in the human constitution, which, although now quickly seen by those who rarely visit us, will be unmistakeable to every one in less than a century hence. To its high stimulating properties, urging individuals on to a labor of both body and mind, quite incompatible with long endurance, may be referred in part that enterprise which is a distinguishing characteristic of its people. These properties, combined with its constant and sudden variations of the temperature and dryness of the atmosphere, must be considered, together, as constituting a very efficient cause for that strong predisposition to pulmonary affections, with which we meet on every side. The very great proportion of deaths by pulmonary consumption is well known to every one, and our medical men have long felt the disadvantages with which they have here to contend, not for its cure, but even the simple palliation of its symptoms. And however unsettled they may have been in past years as to the opinion of the *judiciousness* of a change of climate during winter, they are now nearly unanimous as to its absolute necessity (in most cases at least) for those in whom the disease may be regarded as not passed beyond its second stage.

Although this general fact may be acquiesced in, yet the *special effects* which a change of climate is capable of producing upon this disease, must ever be a matter of great interest to a community like ours. And if such effects are produced, they are capable of being analyzed, and upon this depends the choice of the locality to which one may go. To simply go South, is not enough; for although the temperature may be everywhere uniformly higher, yet in every other respect the climate of the South has dissimilarities much wider than that of the North. There are many ingredients that form, if I may so express myself, the climate most suitable; and the selection of the proper one for consumptives,



and those in that precarious condition of health just preceding consumption, is a matter of no small import, and not easily made.

But let us turn our attention for a moment to the object in view, from such a change.

Although medical men have not yet learned the direct causes of pulmonary consumption, yet it is now well established, that a deprivation of the process of nutrition invariably precedes the first symptoms of its local expression in the lungs; and that course of treatment which has been based upon this view, has been followed by results, which, it can justly be said, are those alone entitled to the name of favorable. A disease essentially referable to an abnormal nutrition demands that change which shall not only remove its causes, but bring about a new relation of things. And when, either from cod-liver oil, various tonics, or more pleasantly, from the external influences of good air, sun-shine and exercise, we shall have produced them, we may rest assured that all possible aid has been rendered nature to repair the injury which, in a weaker hour, she has undergone. Everything, therefore, which contributes to a better state of nutrition, strikes fundamentally at the disease; and in this short remark, may be said to lie all, and the only rational treatment of pulmonary phthisis.

That southern locality, therefore, which, from natural and artificial advantages, allows the utmost freedom of out-door life (of course this includes highly favorable meteorological conditions), combined with corresponding household comforts and good food, may well be regarded as most suitable for individuals thus affected. This leads me to remark that those who go South, and are so situated, either from their own weakness, or external circumstances, that an out-door life cannot be enjoyed, need not expect much benefit; in fact, generally not as much as though they remained at home, for an in-door life can as well be passed in the latter, with the enjoyment of home comforts.

The southern main land extends over so wide a range, that every variety of climate may be found upon it. And as it must always be considered an advantage that those who are sick should go to a place easy of access, and allowing a constant communication with their friends, some locality on the main land is most desirable; and the absence of these advantages should, I think, form a no small objection to leaving for any of the West India islands.

The climate of Aiken, S. C., appears to combine more of the advantages and requisites I have mentioned, than any other with which I am acquainted; and for the benefit of my medical and other friends, and those who may be seeking a residence for their health the ensuing winter, I subjoin the following account prepared from my various notes.

Aiken is one of those villages which are so sparsely scattered over the upland districts of South Carolina. It is situated on the South Carolina Railroad, 120 miles westward of Charleston, and 18 miles east of Augusta, Ga. Its location is about 600 feet above the level of the sea, amidst a wilderness of pines; and could one be elevated above it, he would see a little village, in a sea of evergreen stretching on all sides as far as the eye could reach.

Owing to its having been a place of resort for some years, there have sprung up in it many more of those accommodations and conveniences of life, than are usually met with in other villages of this State. These are still increasing, and there appears to be a prospect that shortly one can there enjoy many of the northern comforts of a home amid a southern climate.

On account of its high elevation, the atmosphere is light and dry, there being none of that oppressive heaviness or dampness belonging to places of much less elevation, though of the same latitude. Moreover, it is filled with the effluvia of the pine, which certainly does not detract from its balmy and soothing character. Persons who, from pulmonary oppression, have been obliged to flee from the heavy, bracing air of our Atlantic cities, find, even after a single day's experience, with how much greater ease they breathe, and that they are already losing the compressed feeling about the chest, and that a corresponding buoyancy of spirits ensues.

I regard the air decidedly anti-inflammatory in its tendency; this was evident to me in the sudden disappearance of light bronchial affections, and in the early subsidence of pulmonary congestion in consumptives—so that they really breathed with more lung, and expectoration became freer and easier. This was almost the invariable experience of my friends. But the best evidence of this tendency of the air, is the lightness and transient nature of inflammatory diseases with the constantly-resident inhabitants. This I had frequent occasion to observe in a professional way; and it was noticeable in the eruptive diseases of children, as well as in the general affections of adults.

The general effect of such an atmosphere is to increase the animal spirits—give a mental elasticity, and strengthen the digestive power—and, in a word, one is constantly forgetting his lungs, while he is as constantly reminded of his stomach.

The soil is of that light, sandy character belonging to pine-barren lands, and is so porous that heavy rains are quickly absorbed, and with a few hours' sun after, both soil and atmosphere appear as dry as before. This is a point of no small importance, for it gives the climate an evenness, as to dryness and general character, such as I have never before met with in places having the same amount of rain.

When I speak of the temperature, many may be disappointed that it is not generally higher; but at a latitude of about  $33^{\circ} 25'$  on this continent, one cannot expect that the temperature will be like that of the "land of the sun," or one unbroken by vicissitude.

The part of the year passed here by northern invalids, is from December to the middle of May or June 1st, and my account of the weather is of that time. I will not burden this account by giving an entire table, but give the *average* of each month, as follows:—

		6 A. M.	12 M.	6 P. M.
December	- - -	40 deg.	50 deg.	45 deg.
January	- - -	40 "	52 "	49 "
February	- - -	50 "	61 "	57 "
March	- - -	44 "	62 "	56 "
April	- - -	54 "	69 "	64 "
May	- - -	57 "	74 "	69 "

(The temperature of May is probably a little higher than here represented, as it was in this case taken from half the month.)

During the latter part of December there was a very slight snow, just enough to show the inhabitants what the article is. During February there was, for a single morning, a mere skimming of ice on outdoor standing water, but otherwise I did not notice any occurrence of these two prominent consequences of a northern winter.

Some may think that the above table represents a temperature much lower than they should wish to experience: in fact, they think a southern climate, having nearly constantly  $65^{\circ}$  or  $75^{\circ}$ , is most preferable. In this I think there is a mistake, for the effect that southern climate may have upon northerners, must not be estimated thermometrically in all cases. It appears that between the two climates there are, according to feeling, at least  $10^{\circ}$  difference—that is to say, a temperature of  $55^{\circ}$  in South Carolina, or any other southern State, appears equally as warm, and will allow the same clothes, as  $65^{\circ}$  in New England; and those who have lived in both latitudes are well aware of great difference of oppression from heat, at the same thermometrical range.

I well remember of sitting almost daily in an open piazza, reading, with the thermometer at  $57^{\circ}$ , having on ordinary clothes—whereas I am well aware, I could not do the same, with impunity, in New England with the heat of  $67^{\circ}$ .

It may be urged that the liabilities of change at Aiken form quite an objection to its climate. There are, I well know, changes there of quite a number of degrees during the day, but I am not aware that these changes are sudden or severely felt. The situation of the place very thoroughly protects it. Embosomed in pines, and 120 miles from the sea-coast, the north-east and easterly storms that rake our coast in winter and spring have spent their force long before they reach this place. The few storms there felt are of inland origin. Then, again, if northerners go to a latitude where the climatic changes are few, they must necessarily subject themselves to a temperature so high that it is depressing, and very few New England people can improve under, or even bear it. Such are many of those Florida climates, and especially that of Key West, where the temperature is from  $80^{\circ}$  to  $85^{\circ}$  constantly, with scarce a variation day or night. It quickly depresses one from New England, the appetite flags, the strength fails, and one feels but little inclination to be out doors. Moreover, the nightly heat impairs the sleep, or makes it unrefreshing. Even at St. Augustine, many northerners whom I know, have found the heat, even in February, so depressing that they have retreated further north.

I cannot, therefore, argue very strongly in favor of Florida climates. It is, on the other hand, my opinion, that those New England consumptives, who ought to leave their home comforts and go south—in other words, those who have the lung and strength left, to pass their time out of doors, will do best to go to a climate that is a trifle bracing—in fact, one that shall have so much of the north about it, as to preserve the tone of the stomach, and the vital forces.

There is such abundant evidence, as I have before said, that the re-



lief or cure of consumption depends so much upon excellent feeding, and a subsequent good digestion and assimilation, that I must urge this point all the more strongly.

It will do well for people of the lower midland States, who are born and bred in a corresponding climate, to go farther South ; but this is not true for those of the far north, as far as my observation goes.

To sum up the matter. The advantages of Aiken, as a place for northern invalids in winter, consists in the following points :—its ease of access and its proximity to a metropolis ; its sheltered location ; its light, balmy air, and dry soil ; and its suitable and comparatively even temperature ; and, finally, its complete inland climate.

I know of no other place having all these advantages in so great or even proportion. There may be, and are, places having some of these qualifications in a much greater degree, but they lack some of the others.

It may be asked how the climate of Aiken compares with that of several southern seaport cities and towns, that have for many years been favorite places of resort.

On this point I may differ with many, for I have but little faith in seaports for consumptives. Unless you go quite far South, the climate is neither one thing or the other ; it is not an island climate, neither is it a land climate ; but you have a mixture of each, a combination of land and sea-air, so that, strictly speaking, you have not the benefit of either.

You may have a dry, westerly wind in the morning, and it will feel grateful, but the afternoon brings its cool, damp sea-breeze, which, however pleasant to the well person, is very seriously felt by the invalid, and he oscillates between these extremes, until his constitution is seriously affected. An invalid can bear much less change on the coast than in the interior.

Some of our New England physicians send their consumptive patients to Charleston, S. C. ; but, as far as I am aware, the Charleston physicians think it the last place for a consumptive to remain in. Although the objections are less urgent, yet Savannah, Ga., comes in the same category.

As for St. Augustine, Fla., the case appears a little different, for it seems to have less of the combination of the two climates, but more that of the land. Its climatic changes are not great, but this is pretty much due to its high temperature, and its peculiar location as to water and other currents ; still it has some of the objections of Charleston and Savannah, besides those of distance, and a comparative want of ease of access.

By the way of conclusion, I will say, that although the advantages of a change of climate, to those who have some lung and strength to work upon, cannot be estimated too highly—yet there are constantly occurring to the medical man, cases in which the expediency of the change requires the finest judgment to properly decide, for it embraces other than medical considerations. Although, in advanced cases, there may, from such a change, be every reasonable prospect of the alleviation of the severer symptoms that wait upon the fatal termination of the disease, yet its advice must be considered as nearly always quite injudicious. Life may sometimes be a little prolonged, but it is so at the ex-

pense of its sweetness. The abandonment of home and friends, and the going away with a chance of dying among strangers, is even more than a serious matter ; and I have seen instances, when painful memories, not only to the friends, but to medical adviser, might well have been spared. And if there is ever a time when one needs all the comforts of home, and the consolations of near friends, surely it is during the helplessness of the last days of pulmonary consumption.

*Boston, October, 1851.*

#### REMEDY FOR TAPE-WORM.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—On reading an article on pumpkin seeds, in a late number of the Boston Medical and Surgical Journal, I recommended it to an intimate friend, who had, two months before, discharged about 4 yds. of that detested parasite, a tape-worm, and who was sure there was “more of the same sort left.” He, in 3 days afterwards, showed me the bottle, since left at your office, containing what was formerly discharged, together with the tapering part of that which was removed (in all about 4 yards) by the remedy.

His statements, which may be implicitly relied on, are, that for want of West Indian or other pumpkin seeds, he took undried acorn or marrow-squash seeds, and proceeded, *secundum artem*, following the orgeat, in about one hour and a half, with about six drachms of castor oil taken in two spoonful of Holland gin. He drank very little water twice, drank and ate nothing else till noon, when the only effect of his faith and practice was manifested “in one liquid discharge containing the squirming worm ; at one end about  $\frac{1}{3}$  of an inch broad, and tapering down to nothing.”

If this remedy should continue to prove as efficacious as in this and former instances, it is to be hoped a specific has been found for one more of “the ills that flesh is heir to,” which remedy should never be lost sight of.

F. W. CRAGIN.

*Boston, Oct. 28th, 1851.*

#### ANALOGIES BETWEEN ALCOHOLIC INTOXICATION AND ANÆSTHESIA BY INHALATION OF ETHER.

BY E. SANFORD.

[Communicated for the Boston Medical and Surgical Journal.]

THE first effect of alcohol thrown into the stomach, in a not immoderate quantity, is to increase the force and frequency of the heart's contractions, and produce a full and strong pulse. The organic functions are exalted, and the appetite and digestion increased. The perspiration is augmented, and especially the secretion of the kidneys, in accordance with the general physiological law, that whenever a drug determines towards a specific gland, it is for the purpose of separating this substance from the

blood. The brain takes on an excited action, exhibited by loquacity, quickness and versatility of thought, animated spirits and flushed face. The characteristic temperament becomes apparent, and the man displays his traits without reservation. If the dose is not repeated, this condition subsides and a revulsion follows. During the state of excitement, the voluntary control of the thoughts is considerably weakened, and the imagination is less under the influence of reason. Ideas and fancies are suggested to the mind with surprising readiness, but a continuous train of thought is difficult or impossible. If the quantity of alcohol taken has been excessive, or is renewed, the intellect and the sensations are both perverted. Double and illusive vision occur; the muscular movements are variable and uncertain; the voice indistinct, and the face pallid. In the most profound stages of intoxication, there is complete or almost entire absence of sense and volition, often amounting to coma, varying in intensity from the lethargy of deep sleep to the torpor of apoplexy. The pulse abates in quickness and force, the respiration is less frequent and deep, and, in extreme cases, convulsions occur. The post-mortem appearances from death by alcohol are nearly as in apoplexy. The right side of the heart is found full of blood, while the left side and arteries are nearly empty, in consequence of the obstructed pulmonary circulation. The sinuses of the brain are tumid with black blood, and effusions are found in the ventricles.

The effects of ether may be divided into three stages. The first is one of excitement, exhilaration and half unconsciousness. The mind sometimes darts away beyond the stars, and sometimes this stage is one of mere vertigo. The pulse is unaccelerated, and the face flushed. In the second stage, the consciousness gradually diminishes, and the last recollection is like an intensified sensation of going to sleep, and an utter impossibility to resist it. The subject speaks whatever occurs to him, and he is unable to restrain himself, though he knows how absurdly he is talking. Some utter profanity, and some appear to be carrying on an animated conversation, &c. If the inhalation is continued, complete insensibility ensues. The muscles are relaxed. Deglutition remains, and the sphincters rarely yield. The circulation and temperature are lessened, and the individual on awakening recollects pleasurable visions, or, perhaps, inexpressible horrors.

The stages of inhalation are obviously like the effects of alcohol. Sensation and volition are gradually abolished, and organic life is carried on by means of the reflex action of the cerebro-spinal axis. The cerebrum yields first, then the cerebellum, which is shown by the loss of motion succeeding the loss of intellect, and lastly the medulla oblongata, the *rend vital* ordinarily never sleeping. Alcohol absorbed into the blood prevents its due aeration, and the vapor of ether produces the same effect by excluding oxygen from the lungs.

The following extract from a book written in 1803 by Dr. Trotter, a surgeon in the English Navy, shows how nearly "*letheon*" had been discovered early in the century.

"There is another species of intoxication that follows the inhalation of inflammable spirits by the nose and mouth without being swallowed.



This species of ebriety is common to coopers, porters and other workmen employed in cellar and distilleries. The most volatile part of the spirit, or purest alcohol, which arises in pouring it from one vessel to another, probably acts by directly stimulating the *nervous membrana Schneideriana*, spread about the nose and frontal sinuses, and also the inside of the mouth, trachea and lungs, and thus produces delirium. This ebriety is likewise transitory, and soon disappears when the patient is moved into the open air. It frequently happens in ships, in pumping spirits from a large cask into a smaller one in the confined space of a spirit-room; but the practice is dangerous, as vessels have often been set on fire by a lighted candle touching the spirits; and it is now strictly forbidden in all well-regulated ships in his Majesty's Navy."

*Boston, October 27th, 1851.*

#### PHARMACEUTICAL CONVENTION.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Being one of the Delegates from the Massachusetts College of Pharmacy to the "Pharmaceutical Convention," lately held in New York, I took the liberty of asking the President of the New York College (one of the Committee of Publication) for a brief notice of the proceedings of the convention, and have just received it from him. I thought it might be interesting to you; and if you think proper, you are at liberty to publish it, or any part of it, although I have no authority for saying so.

The object in view by the convention in raising a Standing Committee to report to the next convention, was to collect all kinds of information, that could in any way be made valuable in the advancement of the pharmaceutical and medical professions, to receive suggestions and memorials from druggists, pharmacutists and physicians, and all others at all interested in the importation, manufacture, sale, compounding or prescribing of medicines, as well as from all drug, pharmaceutical, medical or scientific schools or associations, and report the same for the action of the next convention. It is to be hoped that all interested will contribute to this object, and that a mass of information will be collected during the coming year, that will enable the next convention to adopt uniform standards of quality and strength in medicine, for the whole country, from the Government inspection of the crude article to the smallest homœopathic dose.

I am, very respectfully, yours,

*Boston, Oct. 26, 1851.*

S. M. COLCORD.

In pursuance of a call issued by the College of Pharmacy of the City of New York, a Convention of Delegates from the different Colleges of Pharmacy in the United States assembled at the College Rooms in New York, at 5 o'clock, P. M., on Wednesday, the 15th of October. Delegates from Philadelphia and Boston were in attendance. The Maryland College (at Baltimore) and the Cincinnati College were not represented, although delegates from each had been previously reported to the

committee of arrangements in New York. A communication of some length was received from the Cincinnati delegation.

The convention was organized by the appointment of Mr. Charles Ellis, of Philadelphia, as Chairman, and Dr. Samuel R. Philbrick, of Boston, as Secretary pro tem. A committee was then appointed by the nomination of each delegation, consisting of Messrs. Samuel M. Colcord of Boston, Alfred B. Taylor of Philadelphia, and George D. Coggeshall of New York, to examine credentials and nominate officers for the convention. The committee retired, and on their return reported the credentials satisfactory, and proposed Dr. C. B. Guthrie of New York as President, and Mr. Alfred B. Taylor of Philadelphia as Secretary, who were unanimously confirmed.

Dr. Guthrie, on taking the chair, made a few remarks, expressive of his sense of the honor conferred by appointing him presiding officer of the first convention of the kind ever held in the United States, and explanatory of the objects of the convention, which were in accordance with the growing feeling amongst druggists and pharmacutists of the necessity to establish standards of the qualities of imported drugs and medicines for the government of the United States Inspectors at the different ports, and, in addition, to act upon such matters of general interest to the profession as may be presented to the consideration of the convention.

Reports were presented by the majority (Messrs. Guthrie and Coggeshall), and the minority (Mr. Merrick), of the New York delegates, embodying their views upon the subject of standards, and also in regard to false drugs which should be excluded.

A communication from the Cincinnati delegates was read, and Mr. Restieaux, of Boston, read an interesting statement of the working of the drug law in that city.

A general discussion ensued upon various topics connected with the business of the convention, and resulted in the appointment of a committee, consisting of Messrs. Procter of Philadelphia, Restieaux of Boston, and Coggeshall of New York, to consider the several communications, and to arrange the general plan of business, and report at the next sitting.

The convention then adjourned to Thursday at 12 o'clock.

*Second Sitting, Oct. 16.*—The convention met at 12 o'clock. The committee appointed yesterday, made a report, reviewing the numerous propositions presented by the different colleges, and submitting a general system for regulating standards, which, in their judgment, should prevail uniformly at the ports of entry, with numerous specifications of prominent articles, to which their attention was called by their importance, and the difficulty that has been sometimes found in deciding upon them.

The report was considered in sections, in a lengthy and very interesting discussion, in which the members generally participated. With some amendments the report was adopted. The committee also offered the following preamble and resolutions, which were adopted, viz.:

*Whereas*, The advancement of the true interests of the great body of pharmaceutical practitioners in all sections of our country is a subject

worthy of earnest consideration ; and whereas pharmacutists, in their intercourse among themselves, with physicians and the public, should be governed by a code of ethics calculated to elevate the standard and improve the practice of their art ; and whereas, the means of a regular pharmaceutical education should be offered to the rising pharmacutists by the establishment of Schools of Pharmacy in suitable locations ; and whereas it is greatly to be desired that the united action of the profession should be directed to the accomplishment of this object ; therefore,

*Resolved*, That in the opinion of this convention much good will result from a more extended intercourse between the pharmacutists of the several sections of the Union, by which their customs and practice may be assimilated ; that pharmacutists would promote their individual interests, and advance their professional standing, by forming associations for mutual protection, and the education of their assistants when such associations have become sufficiently matured ; and that, in view of these important ends, it is further

*Resolved*, That a convention be called, consisting of three delegates each from incorporated and unincorporated pharmaceutical societies, to meet at Philadelphia on the first Wednesday in October, 1852, when all the important questions bearing on the profession may be considered, and measures adopted for the organization of a National Association, to meet every year.

On motion, it was resolved, that the New York delegation be appointed a committee to lay the report and proceedings of this convention before the Secretary of the Treasury of the United States, and afterwards have them published in pamphlet form.

Dr. Philbrick, of Boston, offered the following preamble and resolution, which were adopted :

*Whereas*, To secure the full benefits of the prohibition of sophisticated drugs and chemicals from abroad, it is necessary to prevent home adulteration, therefore,

*Resolved*, That this convention recommend to the several colleges to adopt such measures as in their respective States may be best calculated to secure that object.

On motion of Mr. Colcord, of Boston, it was

*Resolved*, That a committee of three be appointed by this convention, to act as a standing committee, to collect and receive such information as may be valuable, and memorials and suggestions from medical and pharmaceutical associations, to be presented to the next convention.

The President appointed G. D. Coggeshall of New York, S. M. Colcord of Boston, and W. Procter, Jr. of Philadelphia, as the committee.

A vote of thanks to the officers was passed, and then the convention adjourned, to meet in Philadelphia on the first Wednesday in October, 1852.



## MEDICAL INSTITUTIONS OF PARIS.

*To the Editor of the Boston Medical and Surgical Journal.*

MY last letter\* contained a brief description of the organization of Parisian hospitals. It may not be out of place to briefly describe the methods of medical instruction in France, the facilities for which are such as to attract foreigners from the various countries of the globe.

In the largest hospitals, students may be seen not only from the British islands and America, but from the various countries of the Continent of Europe, and occasionally among them one of the sable sons of Africa.

Medical instruction is given at the Faculty of Medicine, in the Place de l'Ecole de Medecine. It is composed of twenty-six professors, who are chosen by concours, but all elections are subject to the approval of the Minister of Public Instruction. They receive a salary varying from 2,000 to 10,000 francs. A dean, who is the head of the faculty, is elected every five years. Orfila now occupies this place.

A student who proposes to graduate in Paris, must have attained the age of 18 years, must pursue his studies four years, and at the commencement of every third month he must inscribe his name at the Bureau of the Faculty. It is also required that he have attained the diploma of Bachelor of Sciences. The examinations, which are five in number, are conducted in French. The student, upon taking out five inscriptions, is entitled to his first examination, which is in Chemistry, Botany and Natural History. After taking out twelve inscriptions, and on the completion of three years' study, he can present himself for his second examination, which is in Anatomy and Physiology. At the end of four years, sixteen inscriptions being taken, the other examinations may be passed in *internal* and *external* Pathology, Hygiene, Medical Jurisprudence, Pharmacy, and Materia Medica and Therapeutics. The eighth and last examination, with the exception of Midwifery, is entirely practical, and is conducted at the bed-side. Two cases are selected by the examiners, at the Hotel Dieu or La Charité, in which the student is expected to give the diagnosis, prognosis and treatment. He must also write a thesis, the subject of which may be selected by himself. He must likewise have served one year in a hospital.

The schools of Paris are open to every nation, equally with the citizens of France, and to every creed. The only expense attending a course of instruction and graduation, is for each inscription about 30 francs; for some, 50 francs is paid. Also, a fee of 30 francs to each professor for his examination, 60 for examination of his thesis, and 100 for his diploma. Instruction in this school is entirely gratuitous, as well as access to the library of 30,000 volumes, exclusively medical, and in the various languages, and the extensive and excellent museum of comparative anatomy, in the same building.

The school of practical anatomy (Ecole Pratique d'Anatomie) is supplementary to this, and is composed of 150 students, of whom 50 are annually admitted by competition, and an equal number leave the

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\* See page 191 of this volume of the Journal.

school after three years' study. At this establishment and at Clamart all the dissections in Paris are conducted. The practice elsewhere has been suppressed, on account of its supposed influence upon the public health. This prohibition is certainly more than compensated for by the ample rooms furnished at these places, at the public expense, and kept in the most perfect order. The rooms at Clamart are one story high, surrounding a court in which trees are planted and a flower garden cultivated. The rooms are well lighted, both from the sides and above, and provided with stone floors. Abundance of water is provided at a fount in an open space between each two rooms. The expense here, including a proper supply of subjects, is from 40 to 50 francs the season. Forty francs a month is usually expected of those who transiently occupy the rooms. These rooms are open to all, except in summer, when dissections are not permitted, but practical surgery is then taught.

Instruction of every kind and grade is under the immediate control of the government through the Minister of Public Instruction. No individual, not even the teacher of a primary school, is allowed to impart instruction until he has submitted to an examination before one of the faculties or tribunals appointed to take cognizance of his capacities. The lectures in the various branches of science are gratuitous. Nothing like office instruction is practised here. The student enters his name at the Bureau of the Faculty, receives his inscriptions, and pursues his studies as he finds most advantageous from time to time. The special hospitals afford ample opportunities for the study of those diseases to which they are appropriated, and the custom of examining all bodies at those institutions, whose disease renders such examination of any interest, affords the most ample facilities for the study of pathology, internal and external.

The system of *concours* for places as instructors, is of the most perfect kind in Paris; and although it is liable to some criticisms even in France, it is undoubtedly the best that could be practised here. The system is adapted to France, from the fact that it was commenced under the direct care of the government, and has passed through its various gradations under the watchful care of the highest national tribunal. No person will attempt to contend for a place before this Commission, without thoroughly preparing himself for the contest, whatever be his position in society. Those who come from the humble walks of life, are as well cared for at the *concours* as their otherwise more distinguished neighbors. Consequently, in perusing the lives of eminent medical men of Paris, it will be found that the majority have obtained their places from a condition of poverty. As an instance, M. Velpeau, from a peasant boy attained the first rank among the Paris surgeons, and became the attendant and personal friend of Louis Phillipe. I cannot but regret that he did not more fully honor the position which he had attained, by a more considerate bearing towards those whose pursuits are directed by his will. As the system of *concours* now exists and is practised, all the medical men of Paris have an eye to the decisions of the board, and no member of that board would dare hazard his reputation by awarding in favor of an unworthy candidate.

The system of *concours*, after all its real value here, would be by no

means adapted to Great Britain or the United States, from the fact that our institutions have received no government aid and care. The first board of examiners (or even the first generation, if a change were made) would, if competent, be without the restraints that would exist if a large body of competent men had been educated to look after them. I have no doubt that some of the most unworthy and incompetent would find places, even in the schools and hospitals of Paris, were it not for the fact that these contests are by law held in public, and the public look after them. These remarks may seem to embrace impressions of distrust for the medical talent of our own country. This supposition would be just only to a certain extent. I should be unwilling to admit that we have not as good medical talent as exists any where; but that very many, licensed to practise medicine in the United States, are no credit to themselves or to the profession, no one will deny. On the contrary, every person who engages in practice here, is compelled to acquire much of the elements of medical science.

C. B. CHAPMAN.

DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED  
WITH THE TREATMENT OF DYSPESIA.

[Concluded from page 180.]

**VALERIANA OFFICINALIS.**—In this country valerian has hardly any other reputation than that of an antispasmodic. On the Continent, and more especially in France, it gets credit for other virtues. It is even considered by some as a specific in epilepsy—an estimate of it more flattering than well founded. In truth, even as an antispasmodic, it suits only the less grave and purely functional nervous derangements, such as hysteria; and in such cases it acts best when combined with ether or ammonia. Combined with the metallic salts, its range of action is extended to cases of a more chronic kind. Thus the valerianate of zinc is highly useful in a variety of neuralgic disorders. In France an extract is employed. A chemist in London, who attempted this preparation at my request, finds it easily made. My object was to combine it with bismuth in gastrodynia.

**Wine.**—Few, indeed, are the cases of dyspeptic derangement in which the use of wine is indicated. On the other hand, it sometimes happens that abnormal states of the *prima viæ* present obstacles to the use of wine when it is constitutionally required; yet such cases are not frequent, for the constitutional disorder usually, by a sort of vicarious action, annihilates the irritability of the stomach, duodenum, &c.

For those free from the arthritic and rheumatic diathesis, and whose digestive organs are healthy, perhaps the best of all wines are good hock and claret. For those, however, whose digestion is feeble and disturbed by lactic acid in excess, as is the case with many, the more brandied wines, particularly sherry, are the most eligible.

The gross adulterations practised on almost all wines, very much lessen the advantage to be derived from either their dietetic or medicinal employment. The good effects of a salutary stimulus are often more than neutralized by the derangement to primary and secondary assimila-



tion caused by the excessive admixture of alcohol, or by the tannin, coloring matters, &c., added to give a deceptive strength and flavor to the liquor.

In his day, Dr. Darwin preferred well-made British wines to the foreign. We have little doubt that it would be easy to manufacture a home article not much inferior in agreeableness to much that is imported, and without those interpolations which prevent persons aware of them from using foreign liquors without feelings of uncertainty or disgust.

*Zinc.*—The oxide and sulphate of zinc are the only two preparations requiring notice here. The former is a mild tonic and antispasmodic; the latter is an astringent tonic, and, in larger doses, an energetic emetic.

I have thus brought these papers to a close, and take this opportunity of expressing my gratification at the intimations which I have from time to time received from professional brethren, of their satisfaction with my slight contributions.—*London Lancet.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 5, 1851.

*Residence for Consumptives.*—Medical practitioners will no doubt avail themselves of Dr. Burnett's recommendation, in to-day's Journal, with regard to those of their consumptive patients who are about going South on the approach of winter. Dr. Burnett speaks from actual experience, which gives additional importance to his communication; and being also an accomplished physician, and a careful and scientific observer, we have implicit confidence in his statements, and respect for his suggestions.

*Expulsion of Tape-worm.*—A communication in this day's Journal, from Dr. Cragin, American Consul at Paramaribo, who was in Boston the past week, adds very considerably to the weight of testimony accumulating in favor of the specific action of pumpkin or common squash seeds in the expulsion of tape-worm. The specimen accompanying Dr. Cragin's paper is the strongest of evidence. No one, we believe, who has resorted to this simplest of all medication, has been disappointed in its action.

While collecting memoranda of diseases in the East, and especially in Egypt, we have no recollection that any person spoke of *tænia*. At the corners of the streets and in the bazars, in the cities and towns through the valley of the Nile, squash seeds are retailed as nuts are in our own towns, and all the lower classes of people seem to be perpetually eating them. Whether this universal custom would prevent the development of tape-worm, or dislodge it so seasonably as to lead to the opinion that it never appeared there, is yet to be ascertained. Certainly the imprisoned animals, which are occasionally brought here from Africa, are annoyed by the tape-worm, as well as those from South America. A very fine ant bear, belonging to a menagerie, died while on exhibition in Boston, some years since, the victim of two enormous tape-worms that took possession of the digestive apparatus, filling the intestinal canal nearly full.

Such is the encouragement with regard to the new remedy from the cases reported, that physicians are bound to pursue the investigation, and not only confirm the statements already made, if found to be strictly correct, but if possible explain the rationale of the process.

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*Delirium Tremens.*—In the late trial of James McGlue, at the present term of the District Court of the United States, held in Boston, for the alleged murder of the first officer of the Barque Lewis, on the high seas, Drs. John Ware, Bell, Stedman, Peirson and others, were called in to give their testimony upon the characteristics of delirium tremens. The defence for the prisoner was based on the opinion that he was suffering from the effects of habitual intemperance. The prisoner was a young man, of fair complexion, small stature, and had none of the general characteristics of habitual drunkenness in his appearance. He ran forward, it appears, on the deck, and plunged a knife into the heart of Mr. Johnson, who fell dead almost instantly. The murderer was immediately secured, and the question on which medical testimony was solicited was whether the subsequent conduct of McGlue, for some hours after the bloody deed, was that of a person laboring under delirium tremens. The medical experts on the stand agreed very uniformly in their description of what the disease was, and the way in which it was manifested, and some of them entertained an opinion that the prisoner was in that condition; while others considered that the act seemed more like a sudden paroxysm of mania, and the expressions of remorse when his consciousness returned, and the lamentations that followed, strengthened that view of the case. He had been intemperate; and whatever his mental condition may have been, it was unquestionably produced by that curse of civilization, alcoholic drinks.

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*New York Dental College.*—A new dental school has been organized at Syracuse, N. Y., and will speedily commence its regular annual course of lectures in all the departments which are legitimately embraced in the science of dentistry. There are gentlemen engaged in the enterprise who are intimately identified with medical science and surgical art, and who have been long before the public as eminent men. It is natural, therefore, to look forward to the respectability and influence the institution will undoubtedly have. Dr. Spencer, Dr. Stearns and Dr. Shipman—the latter an eminent surgeon, who takes the chair of Anatomy and Physiology—together with Dr. Westcott, who was some years one of the faculty in the Dental College at Baltimore, will give strength to the school even in its infancy. The terms of admission, &c., may be learned from the circular. The session commences the first Monday in December.

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*City Institutions.*—Verily, there may be changes without improvements. How long is it since one physician had the entire medical service of all the South Boston institutions on his hands, at half a salary? But in came the sympathizing reformers, and relieved him of some of his responsibilities, and appointed a special medical attendant on the House of Industry, and the public thought well of it. But the ball has rolled over again, and now the gentleman, who has just learned how to make himself useful, at the same time that his professional services are economical for the city, is furnished with a passport and leave to retire, and all the medical

and surgical services are again to be discharged by one man. The incumbent will go on swimmingly till those who have been remodelling and improving the medical organization of the institutions are themselves out of office, when the physician of all work will call for an assistant at a larger salary than it cost to let well enough alone. And this is a fair sample of the inconsistency of men who are totally ignorant of the duties of a physician at the South Boston institutions.

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*Dr. Dick's Notices on the Treatment of Dyspepsia.*—In this number of the Journal will be found the conclusion of a series of papers by Dr. Robert Dick, of London, on subjects connected with the treatment of dyspepsia. Their publication was commenced in the London Lancet in 1846, and the first number may be found in the Boston Medical and Surgical Journal for Sept. 30, of that year. They have been continued in each volume since, as they arrived here, every article having been copied. The whole series constitutes a most valuable essay on the important subjects treated of, as it is from the pen of one who stands high in his profession as a practising physician and an author. The different subjects alluded to in the latter part of the series have been fewer and more brief than the previous ones, but are marked by equal discrimination and sound judgment. It is not improbable that the notices will be published in a separate volume, in England or this country.

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*Effects of Morphine in Hernia.*—E. W. Doman, Esq., Surgeon, of Essex, Eng., relates a case in the Lancet of reduction of hernia under the influence of morphine, after many previous ineffectual attempts. Bleeding preceded the successful trial. Mr. D. adds to his report the following remarks.

“In the Monthly Journal of Medical Sciences for 1841-2, formerly edited by Dr. Cormack, several cases are given of hernia having been reduced through the influence of opium; and one (Number of July, 1842, page 591) where three grains of solid opium and four and a half grains of morphine were given in the course of a few hours, before reduction could be effected. I have myself, whilst residing in the West Indies, seen several cases reduced by means of opium, and this is the third case that has occurred to me in this village within three years, where morphine has been effectual in hernia, twice in one individual. In the case of J. S., the hernia had been strangulated twenty-four hours before any medical man saw him. Had bleeding any effect in rendering morphine more effectual the second day? Perhaps it had. I should in future, particularly in young and able subjects, always have recourse to bleeding before using morphine.”

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*Branding Deserters in the British Army.*—The following circular shows that a duty of a not very pleasant or complimentary character is hereafter to be performed by the army surgeons in Great Britain. We are not informed what officer has heretofore performed this service, but it would seem that it has been done with too much leniency, and that the surgeon has been selected as more likely to do it *effectually*.

“Horse Guards, August 19th.

“Circular Memorandum.—In consequence of the diversity of practice



and inefficiency of the existing methods of marking the deserter with the letter D, and it being found, in many instances, that the mark has become obliterated in a short time, and even been removed by artificial means, it has been decided that, from the 1st October next, this part of the sentence of the court-martial shall be inflicted, in all cases where practicable, in the military prisons *by the medical officer* attached to each of these establishments, and under special instructions from the Secretary of War. Under this improved system it is expected that this important part of the sentences of courts-martial *will be duly and effectually carried out*. Offenders sentenced to imprisonment, and who are, also, to be marked with the letter D, will, therefore, in all cases be committed to a military prison, in order to this part of their sentence being inflicted. This rule applies equally to all deserters so sentenced, whether the individual is ultimately to be discharged the service or not, although such prisoners may not be liable to be retained in the military prisons for a longer period than may be deemed sufficient to render the mark indelible. Soldiers, however, who are to be marked with the letter D and sentenced to transportation without previous imprisonment, or belonging to corps stationed in districts where there may not be a military prison, are to be so marked at their regiments as heretofore. In order to ascertain how far a permanent impression has been obtained, a record is to be kept at the prison, showing the date on which the offender is marked, and the state of the mark when he quits the prison; and reports thereon are to be made, periodically, to the War-office from the several military prisons. An annual return is also to be transmitted on the first of January in each year to the War-office by regiments and depots, showing the names of all soldiers who have been so marked in the military prisons, and the state of the mark at the date of the return being rendered. As the new arrangement will commence on the 1st October next, a return for the quarter to the 31st December, 1851, is to be rendered to the War-office.—By command, G. Brown, Adjutant-General.”

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*Females in Manufactories.*—From Dr. T. H. Yardley's report, to the Pennsylvania Medical Society, of the sanitary condition of the Northern Liberties of Philadelphia, we take the following statistics and remarks respecting a matter that deserves more attention than is usually bestowed upon it. The district of the Northern Liberties has 47,223 inhabitants.

“Of the males of this district, 4463, and 1184 of the females, are employed in manufactories—being nearly 12 in every 100. The males receive \$115,657 per month, and the females \$12,000; averaging nearly \$26 00 for the former, and less than \$11 00 for the latter. This is a striking instance of the great disproportion between the wages of males and females, and is doubtless the main cause of the great mortality and sensual depravity of the latter. Their wages are inadequate for the support of themselves and those dependent on them; and the consequence is, either they work night and day, in crowded, ill-ventilated apartments, and live on impoverished fare, till death ends their sufferings, or, revolting as it may be to their feelings, they sell themselves for bread. 'Tis useless to talk of morality to a starving woman while she knows that courtezans fare sumptuously every day, and walk the streets decked with silks and jewels.”

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*A Model Clergyman.*—At a semi-centennial celebration of the settlement of the Rev. Dr. Snell, over the church in North Brookfield, Mass., the

Rev. Dr., in addressing his people, took occasion to remark: "One other thing I must not suppress; I would patronize regular-bred physicians—men of good character, and well acquainted with their profession. It is perfectly preposterous to suppose that those who never made the human system, and diseases and medicine, their study, should better know what ails the patient, and what treatment his case, under all circumstances, requires, than observation and practice. Health and life are too valuable to be sacrificed on the shrine of ignorance. I would have no fellowship with ultraism, humbuggery, quackery, mesmerism, and mysterious knockings—all of a sort—the plague of wise men and the idols of fools." We commend this to the notice of our clerical friends who are so anxious to make proselytes to the modern systems of medical tom-fooleries.—*N. Y. Med. Times.*

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*Improvements at the McLean Asylum.*—Two new buildings are in course of construction upon the grounds in front of the McLean Asylum at Somerville. Each building is 63 feet in length and 51 in width, two stories high, built of brick, with piazza roofs. When finished, they are to be occupied by the convalescent patients. The apartments are admirably planned by the superintendent, Dr. Bell. Each building will accommodate but eight persons, and to each patient is to be appropriated a spacious parlor, a sleeping room and a bathing room. The rooms are all to be carpeted and furnished in good style. They are well ventilated, and can be warmed by furnaces, or in the usual way by grate fires. The entire grounds are to be improved and greatly beautified by the addition of shrubbery and ornamental trees, and the laying out of walks for promenading. There are 200 patients in the institution at the present time, about half of which number are females, and all are in good health, in a physical sense. The new buildings are constructed out of the Appleton fund.—*Boston Evening Journal.*

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*The Plague at the Canaries.*—A letter from an officer of the U. S. brig Porpoise, dated at Teneriffe, Sept. 4, states that one-fifth of the whole population of Palmas, a port in Gomera, one of the Canaries, which consisted of 18,000 in all, has been swept away by the plague. Among the number is the United States Consul, Mr. Torres, and all his family except one child. At the appearance of the pestilence, Mr. Torres sent his daughters, who were interesting young ladies, into the interior, but hearing that they were sick, followed them and found them all dead, servants included. The distress on the island is inconceivable. In Teneriffe it was perfectly healthy.

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*The Sanitary Conference at Paris.*—The first meeting of the Sanitary Conference took place on the 23d July, in the hotel of the Minister of Foreign Affairs. It was attended by delegates from Great Britain, France, Austria, Spain, Sardinia, and Greece. The delegates were called together by M. David, Minister Plenipotentiary and Delegate from France, who in a brief address welcomed the delegates to Paris, and expressed a hope that their deliberations would be of great service to the interests of the several States which they represented. The first proceeding was the election of a president of the conference, when M. David was chosen unanimously. This was the principal business of the meeting, which was

adjourned for several days to allow time for the arrival of delegates who are expected from Russia, Turkey, Tuscany, the Roman States, the Two Sicilies, Portugal, and others. Great Britain is represented at the conference by Dr. Sutherland and Sir Anthony Perrier, Consul at Brest. It is stated that the French Government attach much importance to the Sanitary Conference.—*London Medical Gazette.*

*Sanitary Movement in Belgium.*—The Board of Public Health in Brussels (*Conseil supérieur d'hygiène publique*) has decided on the holding of a hygienic congress, at the time of the next September festivals in the Belgian capital, under the presidency of M. Liedts, Minister of State and chairman of the above board. This congress, to which, besides several notabilities, the delegates of the committees of public health are invited, has for its object to determine the most necessary works for the salubrity (*assainissement*) of the towns and rural districts, and to point out practical and efficacious means for putting into practice the intentions of government. The superior board has invited the governor of the provinces to indicate the persons who would be most fit for that important and useful mission.—*Ibid.*

*Medical Miscellany.*—In the city of Berlin, the capital of Prussia, it is estimated that 200 divorces take place annually, upon an average, and 2000 illegitimate children are born.—A vessel arrived at Philadelphia, last week, from Liverpool, with several cases of smallpox on board.—Dr. Daniel Fisher, of Edgartown, Mass., is a candidate for the Senate.—The Magnetic Herald from Earlville, Madison County, N. Y., will never kill any one by its shocks.—The course of lectures in the New York College of Physicians and Surgeons was commenced on the 13th ult. with an introductory lecture delivered by Prof. Parker.—An introductory by Prof. Barker was delivered at the New York Medical College on the 20th ult.—Prof. Draper commenced the course at the New York University Medical College on the 21st ult. His lecture is published entire in the New York Medical Gazette. The classes in these schools, as well as in those of Philadelphia, are represented to be as large at least as ever before.—The lectures in the Massachusetts Medical College commence this day with an introductory by Professor Cooke, and the prospects are favorable for a successful course.—During the week ending Sept. 13th, 1,026 deaths were registered in London—about 1 death in every 10 minutes. The population is now about 2,381,000, and the mortality therefore 1 in 2,320 for the week. The births were 1,429.

TO CORRESPONDENTS.—A paper from Dr. S. A. Cartwright, of New Orleans, on the Reduction of Dislocations of the Femur, has been received, and will be inserted in the next or the succeeding number of the Journal.

MARRIED.—In Charlestown, Mass., Edward H. R. Revere, M.D., of Greenfield, to Miss Laura P. Jordan.—At Belchertown, Mass., Dr. Charles Robinson, of Sacramento City, Cal., to Miss Sarah T. D. Lawrence.

DIED.—At Tyngsboro', Mass., Calvin Thomas, M.D., 85.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 1st, 66.—Males, 33—females, 33. Accidental, 2—disease of bowels, 2—inflammation of bowels, 3—consumption, 11—convulsions, 2—croup, 1—debility, 1—dysentery, 2—dropsy, 1—dropsy of brain, 4—exhaustion, 1—fever, 1—typhoid fever, 2—lung fever, 1—brain fever, 2—rheumatic fever, 1—hooping cough, 2—homicide, 1—disease of heart, 1—hemorrhage, 1—infantile, 9—inflammation, 1—inflammation of lungs, 6—marasmus, 2—old age, 1—purpura, 1—puerperal, 1—teething, 2—unknown, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 6. Americans, 26; foreigners and children of foreigners, 40. The above includes 4 deaths at the City Institutions.



*Poisoning by Mushrooms.*—Two highly respected officers of the Belgian Cuirassiers, quartered at Bruges, died on the 10th of October, under circumstances which ought to be made known as publicly as possible. They were in perfect health on Monday. On Tuesday they dined in their quarters, and ordered some mushrooms, dressed in some favorite sauce, for dinner, of which they both partook. A few hours afterwards they were both taken ill of a horrible and agonizing colic, which before night became so alarming that medical assistance was sent for, when it became the opinion of the doctors that the sufferers had been poisoned by the mushrooms. Every effort was made to save them, but without effect; after suffering the most horrible agonies the whole night, during which one of them broke his back from the violence of his convulsions, they both expired towards morning, and were buried with military honors. So great was the interest taken in the fate of these distinguished officers, that nearly the whole town assisted at the funeral; the crowd was immense, and most of their comrades wept bitterly. But the most fearful circumstance connected with the case is, the declaration of several medical men and chemists, that the poison of the mushroom is really contained in the true *Agaricus campestris*, or common mushroom, after a certain stage of growth; and Professor Orfila has hinted at the same in his *Book on Poisons*. This, if a fact, ought to be generally made known.

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*Ambition a Cause of Disease.*—Mr. L. J. Beale, in his late work, says—“Ambition in excess, is a very prolific source of disease during the active period of life. Whatever overstrains or overtaxes the mind, whether study, or unceasing application to business, affects the healthy functions of the brain and nervous system. The care and anxieties of a family may aggravate the mischief. The difficulty of providing for children, the necessarily enormous expenses of modern life, the closeness of competition, and the consequent strain on the faculties, where they are not the strongest, too often lay the foundation of disease in the most sensitive and amiable of mankind. False notions of ambition, and over-estimation of our talents, are frequently at the root of this evil. All start with a hope to reach the highest pinnacle of distinction in their respective pursuits; of course, all cannot succeed. Nature herself puts in objections. Some men she endows with organs of such surpassing excellence, that others, with double the application, cannot keep pace with them. Some are more successful than others, from what is commonly called luck. A fortunate concurrence of circumstances places an individual in a position where his peculiar talents tell; while another, of equal or even better abilities, may never have a similar chance. It must be admitted, however, that in most of these comparisons there is a superiority somewhere in the successful candidate. Some men join to a moderate degree of talent great knowledge of mankind, and apply, in addition to a full acquaintance with their profession, craft, cunning, or tact, to push themselves forward. Some have more self-esteem, and, consequently, greater confidence in themselves, and this is a most important item towards success in life.”

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*Honor conferred on Professor Liebig.*—Professor LIEBIG, of Giessen, has been decorated with the Cross of Commander of the order of Francis Joseph, on account of the services he has rendered to the science of chemistry.—*London Medical Gaz.*

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BOSTON MEDICAL AND SURGICAL JOURNAL.

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CAUSES OF INSANITY.

An Address delivered before the Norfolk (Mass.) District Medical Society, May 14th, 1851, and communicated for the Boston Medical and Surgical Journal.

BY EDWARD JARVIS, M.D., OF DORCHESTER.

THE sole business of the physician is with disease as it presents itself to him. Professionally he is not presumed to know men in health, except as they arrive at that high condition from a lower and a diseased state through his means.

Yet, as we are called upon to guide and to aid diseased and weakened men in their upward progress to their original point of health, we may find some aid from knowing the history of their progress downward. It is, therefore, more than a matter of curiosity to know the early history of the cases which we are called upon to treat, the precedent events, acts, exposures and influences which may be assumed as the causes of the change from the healthy to the unhealthy condition—which induced the first step of the disease or urged its succeeding progress.

This might be an interesting study for a week, or a month, or a year, to range through the whole catalogue of diseases, and investigate all their causes. But the few minutes which we, now and here, can devote to this consideration, must limit me to the history of the causes of a single disease. I have, therefore, selected one, of the greatest interest to myself, and, I trust, of sufficient interest to the gentlemen of this Society—that is, *Insanity*.

In saying that I select insanity as a single disease, I would not be understood to imply, that insanity is always one and the same disease; that like the marble statue it is composed of the same elements, and presents the same form and phase, and the identical expression at all times. But like the expressions of the human countenance, there may not be two cases of insanity exactly alike. Though there may be the same general form and the same elements, yet the combinations of these elements are so various that a minute description of any one case will not completely fill the outline of any other.

Insanity may properly be assumed as a class of diseases, and the name, like the term dyspepsia, be considered rather as generic than specific; for as one includes the manifold derangements of the digestive or-

gans, so the other includes the manifold derangements of the brain—the mind and the moral affections.

Many writers have attempted to describe insanity in a few lines ; physicians for nosological purposes, law-givers for legal purposes, and judges for juridical purposes, have all tried it ; but hardly two of their descriptions are alike ; and one might suppose that they had in their minds different diseases ; and very probably they had as their ideals different cases or phases of it, when they described it.

Without attempting any accurate description here, I presume I shall be sufficiently understood if I merely say, that, by the term insanity, I intend to include the perversion or the impairment of the mind or of the moral affections, either entire or partial.

But our present business is not so much to determine what insanity is, as what its causes are.

In forming an opinion of the kinds, frequency and proportion of the several causes of insanity, or of the various conditions out of which this disease or this class of diseases grows, the reports of lunatic hospitals must be resorted to. Inasmuch as these reports are prepared by medical superintendents, who have the largest field of observation, and many of whom have taken great pains to ascertain and report these causes, they are now the only sources to which we can reasonably look for such facts as will justify any conclusion in this matter. I have therefore consulted the reports of the establishments, public or private, for the cure or the custody of the insane, in various nations. There are 119 French, 37 Belgian, 2 German, 159 English and Welsh, 8 Scottish, 12 Irish, 1 Canadian, 20 American—358 hospitals or establishments, in all.

From some of these establishments, I have the reports of all the patients that have been received since their first beginning, which run back to 1751 in regard to St. Luke's in London, and to 1719 in regard to Tice Hurst in England, and other reports cover periods varying from fifty years down to one year, as those of all the French hospitals.

In the whole of these reports we have the accounts of 144,766 patients that have been submitted to their care. But the causes of only a portion of these 144,766 cases are given. The Parliamentary Reports of the British and Irish hospitals state the causes of the lunacy of only those who have been received within the last five reported years. Some of the American reports give no causes at all, and all the reports, in every country, give a large part of their cases as arising from causes unknown. We have, therefore, the causes stated of only 32,214 cases of lunacy.

The kinds and numbers of these causes or classes of causes differ in different nations according to their habits of minute division and classification. The British reports reduce these to sixteen causes or classes of causes, at most, and some give as few as eight. The French reports give twenty. But the American reporters make much more minute divisions. Thus, from the Asylum at Bloomingdale, New York, we have eighty-five causes ; the Western Virginia, at Staunton, seventy-five ; the New York State Asylum, at Utica, sixty-five ; the Pennsylvania Hos-



pital at Philadelphia, thirty-four ; and the reports of all the asylums of the United States give one hundred and eighty-one different causes of insanity. But as ten of these are synonyms of others, they may be reduced to one hundred and seventy-one different causes of insanity in America. The following enumeration shows through what channels or by what means insanity has come upon the people of this country.

CAUSES OF INSANITY.

PHYSICAL CAUSES.

*Congenital.*

Old age  
 “ irregular decay of powers

*Diseases.*

Arachnoiditis  
 Convulsions  
 Phrenitis  
 Congestion of brain  
 Disease of brain  
 Neuralgia  
 Nervous irritation  
 Excessive pain  
 Dysentery  
 Dyspepsia  
 Erysipelas  
 Phthisis  
 Measles  
 Gout  
 Rheumatism  
 “ bilious  
 Fever, typhus  
 “ nervous  
 “ intermittent  
 “ scarlet  
 “ yellow  
 “ bilious  
 Gastritis  
 Spine, irritation of  
 “ disease of  
 Suppression of hæmorrhoids  
 “ perspiration  
 “ eruption  
 “ fistula  
 “ tumor  
 “ secretions  
 Smallpox  
 Varioloid  
 Sexual derangement  
 Uterus, disease of  
 Menstruation, irregular  
 “ profuse  
 “ suspended

Menstruation suppressed at change of life  
 Hysteria  
 Pregnancy  
 Abortion  
 Parturition  
 Puerperal  
 Cold in childbed  
 Lactation  
 Ill health  
 “ and solitude  
 “ perplexity in business  
 “ family trouble  
 “ pecuniary difficulty  
 “ lawsuit

*Injuries.*

Brain, concussion of  
 “ lesion of  
 Head, blow on  
 “ fracture of  
 “ burn on  
 “ malformed  
 Wound, gun-shot  
 “ punctured  
 Fall  
 Kick on stomach  
 Surgical operation  
 Tight lacing  
 Mesmerism  
 White lead, working in  
 Acetate of lead  
 Vapor of charcoal  
 “ carbonic acid gas  
 “ prussic acid  
 “ metallic  
 Quinine, excess of  
 Insolation  
 “ and drinking cold water  
 Heat, excessive, exposure to  
 Cold, exposure to  
 Cold water, bathing in  
 Excessive labor

Bodily exertion	Intemperance in smoking
Loss of sleep	“ snuff
Sedentary life	“ opium eating
Want of exercise	Masturbation
Idleness	Syphilis
Dissipation	
Intemperance in spirit	TOTAL, 93.

## MORAL CAUSES.

Mental labor and excitement	Sickness and death of friends
“ fatigue	“ “ kindred
“ shock	Murder of son
“ perplexity	Anxiety
Study, excessive	“ and loss of sleep
“ of metaphysics	“ for absent friends
“ of phrenology	Homesickness
Excitement of lawsuit	Lost in the woods
“ politics	Disappointment
“ Mexican war	“ in love
“ visiting	“ in ambition
“ sea voyage	Love unrequited
License question	Domestic affliction
Anti-rent	“ trouble
Application to business	Family
Fourierism	Bad conduct of children
Preaching sixteen days and nights	Ill treatment
Blowing fife all night	“ of husband
Rehabitism	Abuse of husband
Reading vile books	Ill treatment of parents
Seclusion	Infidelity of husband
Avarice	“ wife
Anticipation of wealth	Seduction
Speculation in stocks	False accusation
“ morus multicaulis	Imprisonment for crime
Dealing in lottery tickets	Difficulty in neighborhood
Perplexity in business	Passion, ungoverned
Pecuniary difficulties	Violent temper
Disappointment in business	Jealousy
Loss of money	Pride, mortified
“ property	Faulty education
Reverse of fortune	Duel
Want of employment	Fright
“ occupation	Celibacy
Fear of poverty	Religious anxiety
Destitution	“ excitement
Death of relatives	Remorse
“ husband	Millerism
“ father	Mormonism
“ son	
“ friend, sight of	TOTAL, 80.

There may be errors in this imputation of causes. They are taken often from the mouths of unprofessional friends, who are unused to nice discrimination, and whose imagination may sometimes have something to

do with their notions of facts. And some of these facts, which they suppose to be causes, may have been merely precedent, or co-existing, or even subsequent events. And some may have been rather the consequences or results, or even a part of the disease itself, rather than its cause. As sometimes when a man's brain becomes excited and his mind unbalanced, he runs into wild speculations, in which he becomes excited still more. These speculations then may seem to his friends to be the original cause of his excitement. Some other persons, in certain excitable states of the nervous system, crave ardent spirits, which is then the consequence or a part of the insanity, and not its cause.

In many cases of insanity, there are several causes, or precedent facts that may be assumed as causes, of the derangement. As a lunatic may be the son of an insane parent; this would indicate his disease to be hereditary. He may have been intensely and anxiously engaged in trade; his derangement may therefore be said to arise from excessive mental action in business; and after all his labor and anxiety, when success and fortune were just within his grasp, an unlucky speculation or turn of the times may have snatched the whole from him, and all was lost, then his insanity might be imputed to disappointment in business. Besides all this, he may have been intemperate, and then his lunacy may be charged to intemperance.

This is indeed an extreme case, yet it may have happened. And it is not uncommon for two or more of the events or facts, that are here enumerated as causes, to have happened to a lunatic previous to his disease. As a student excessively engaged in study is also dyspeptic, and then becomes insane, and he not unfrequently adds masturbation to these causes of mental disturbance. An intemperate man very frequently manages his affairs indiscreetly, and becomes embarrassed or poor; or if he holds a public office he loses it, and is therefore disappointed. Either or all of these may be assumed as the cause or causes of the mental disorder.

In these cases, and others of similar character, there is an opportunity of selection of causes, to which the insanity is imputed. If, then, the physician or officer who makes the examination and reports the cause, has any theory of the paramount power or prevalence of certain cause or causes, he can hardly avoid selecting this or these as the leading or sole cause, above, and in preference to, others which may have existed and co-operated, or even had primary influence in inducing the disease.

Hence we find, that under the administration of some minds with one ruling idea as to the prevalence or power of certain customs in producing mental disorder, one cause or class of causes has a marked prominence or frequency in the catalogue: while under another mind, with another ruling idea, another cause or class of causes seems to have a leading disturbing influence upon the brain.

Thus if one has a strong conviction, that the general plans of educating the young stimulate their minds or excite their brains to a dangerous extent, or that the general interest and active engagements in political strife, or the earnestness with which men in this country usually engage in business, are injurious to regularity of cerebral action and mental



health, he will find a very large portion of his patients to be made insane from excessive mental action. Or if he believes the use of alcoholic stimulants to be injurious to the brain and mind, he will find no small portion of the insanity that comes under his notice to be chargeable to intemperance, because there are very many who have used spirit in some degree, and many who have been excessively industrious students in schools or elsewhere, or very attentive to business or politics.

To these different states of mind of the examiner or reporter may be attributed, in part at least, the difference of proportions of cases produced by different leading causes, received into hospitals from people and communities of similar habits and character.

I would not suggest a doubt, that these events or habits did exist, and were partially or entirely the causes of the lunacy: but whether they were the sole causes, and in all cases the leading causes, is a matter upon which there may be some difference of opinion.

It is very common with writers on insanity to divide these causes into two classes—the Physical and the Moral.

1st, The Physical, which produce their primary effect on the physical structure of the brain or some other organs, and disturbing the cerebral actions, produce their secondary effect on the mental operations; as a blow on the head, or epilepsy, or a disordered stomach, or the puerperal condition, suppressed excretion, &c.

2d, The Moral causes, which act directly on the mind itself; as excessive study, disappointment, grief, trouble, &c.

The brain has a fourfold office to perform. It is the seat of the mind. Not that the brain is the mind itself, nor even that the action of the brain merely is mental action. But through the brain alone the mind operates and is manifested here, and it alone is the organ of mental action. Therefore the operations of the mind are essentially connected with the condition of the brain. Whenever that is torpid, as in apoplexy, the mind appears to be torpid; whenever the brain is excited, as in intoxication, the mind is excited; and whenever the brain is uncertain or irregular in its action, the mind is wayward and its operations are deranged.

The moral affections, the emotions and feelings and passions, are connected with the brain in the same way as is the mind. Not that the brain loves, and hates, and feels the force of passion primarily; but it is through the brain that these affections and passions are manifested. Thus when the brain is in a certain condition, as in some stages of epileptic mania, the most malignant passion and hatred are shown; and in some other conditions there appears the warmest love. In other conditions there is a propensity to destroy or to fight. There may be high and exhilarating hope, or deep depression and despair, connected with different states of the cerebral organ.

The brain is also the seat of sensation; it perceives all that seems to be perceived in the organs of special sense and throughout the whole frame.

Besides these connections of the brain with the mind, the moral affections, and the organs of sense, it has direct and intimate connection with all the organs and parts of the body, by means of the nerves. Through

them the brain receives impressions of sensibility from every part, and through them it sends power of action to all. Thus when any part feels cold or hot, or pain or comfort, this impression is received first upon the outer extremity of the sensory nerve, and is then sent along the nervous cord to the brain, when it is felt, and sensation is created by the cerebral action. Again, when we walk, the stimulus of muscular contractions is sent from the brain along the trunk of the motor nerves to the muscles which produce the motion. In like manner the stomach, liver, kidneys, &c., receive their powers of specific action through the nerves that connect them with the brain.

As these nerves connect all the parts of the body with the brain, and all these various parts receive their life and power of action from it, and all send their impressions to it for sensation, it will readily be supposed that there must be an intimate connection and sympathy between the cerebral and the other organs of the body.

I must not be understood as determining or explaining, now and here, how the brain acts to produce thought, or rather to allow thought to be produced through it, or sensation to be felt, or how it sends the stimulus or power of action to the motive parts. Nor can I explain whether these duties are performed by certain or special parts of the brain acting for the motive apparatus, and certain other parts acting for the organs of sense and sensibility, and other parts for the various passions and affections, and still other parts for the several faculties of the mind; or whether the whole brain acts in various manners for each of these different purposes, at one time and in one way acting for some faculties of the mind, at another time and in another way acting as the organ of sensation, and at another time in a different manner controlling the actions of the organs and the contractions of the muscles.

Be this as it may, it is sufficient for my present purpose to say, that the brain is the organ of the mental and moral operations, the seat of sensation, and the source of motor influence.

The connection and sympathy between the brain and all the other organs, and the cerebral functions with all the other functions of man, then, is intimate and complete. The brain must therefore be disturbed by their derangements and suffer from their embarrassments and pains.

If the whole brain act together, though in a different way and capacity for the different purposes, then any disturbance communicated to it from any organ through the nerves may unfit it, in a greater or less degree, for action in any other capacity. Thus the intense pain of the gout or the toothache may impair the freedom, if not suspend the power of mental action. A disorder of the liver may so disturb the brain, that it cannot freely act and manifest the emotion of cheerfulness to the full or healthy extent. Some pulmonary diseases may send to the brain such a disturbing influence as to suspend the complete manifestation of love and confidence, and even compel the exhibition of suspicion and hatred.

If the different parts of the brain perform the different offices, then the disturbance of one part arising out of the irritation received from remote organs, through the nerves, may be communicated, by sympathy or otherwise, to other parts which are contiguous; as the disturbance of the

liver may affect the stomach, and that of the uterus may trouble the bladder.

Thus, on either supposition of the distribution of the cerebral forces, the affections of the brain are connected with the affections of all the other organs ; and therefore the healthy performance of the mental and moral functions is dependent on the healthy action not only of the brain, but of the stomach, liver, and the other organs of the body.

On the other hand, the state of the brain affects all the other organs : it aids and energizes, or it disturbs and impedes their operations. A person who usually has a good and regularly recurring appetite, when he is intensely absorbed in business or study may feel no hunger and forget to dine. When under the power of intense anxiety, as a mother watching over the doubtful sick bed of a child, or a merchant in times of commercial embarrassment and distress, they lose their appetites ; and if this be long continued, their digestion becomes impaired, or even lost. Under the same controlling influence of absorbing interest or anxiety, men sometimes do not perceive pain or injuries from causes which commonly produce suffering ; as in the excitement and anxiety of battle, an officer may not know that his flesh is wounded by a sword or a musket ball, until, at the end of the strife, the suspension of the anxiety and excitement allows him to attend to and perceive it.

In certain kinds of cephalæa, there is great nausea and general prostration. The mind and the body are equally unable to perform their accustomed labors. Whether the disordered stomach or the disturbed brain be the primary affection, it is needless here to prove : but certain it is, that in this class of cases there is an intimate connection between the brain and the digestive organs.

In consequence of this intimate connection of mind with the brain, and of the brain with the other bodily organs, we find that bodily disorders and injuries are among the most prominent and frequent causes of insanity. In the list taken from the American hospital reports, there are forty-four specified diseases, more than thirty accidents or injuries, and several kinds of dissipation or abuse of the physical organs. Fifteen of these diseases and accidents are connected with the brain and nervous system. Six are fevers. Eight are suppressions of accustomed discharges or secretions, besides the menstrual. Nine are connected with the female organization and functions.

We have no reason to suppose that these are all the kinds of bodily disorder or injuries that can give rise to mental disorder, although they are all that are presented to us in the American and British and French hospital reports. Writers upon insanity add others ; as hydrocephalus, ulcers, excessive irritability, suppression of lochia, indigestible food, starvation, worms, suppression of issue or seton, hereditary taint, dentition, convulsions in infancy, and various noxious influences. The Norwegian Report gives "sleeping in a barn filled with new hay" as a cause of lunacy.

Some of these physical diseases, which are stated as causes of mental disease, are in themselves generic and include other and subordinate classes. The term "Ill Health" might be divided into almost the whole range of the nosology.



The French reports do not make exactly the same classification of the sources of insanity as the British and American reports do. Therefore, in the minute statement and comparison of causes, I take only the latter, which include 22,113 cases whose causes are ascertained and reported.

Bodily disorders, ill health, injuries, &c., caused 3,667 of all the cases whose origin was known and reported, or 188 in each 1000.

The use of alcoholic stimulants, which always excites the nervous system, and sometimes to a very high degree, and leaves it in a corresponding and sometimes in a complete exhaustion after the excitement is over, would very reasonably be supposed to disturb the regularity and certainty of the cerebral functions, and create more than momentary mania. Consequently the great prevalence of the habit of intemperance has resulted in the addition of 2,896 out of 22,113 cases, which is a little more than 13 per cent. of all from known causes.

The use of opium and tobacco is given as the causes of some cases of lunacy; not to the extent of alcohol, but in their degree they are dangerous to mental health.

Among the most melancholy causes of cerebral disease are the secret abuse of the genital system, and sexual indulgence. The British reports do not mention masturbation, but very probably this is included in their class of "vice and sensuality." The mental disorders that arise from this class of causes are among the most deplorable and incurable. They amounted to 1049, or about one twentieth of all from known causes.

The puerperal condition, lactation, catamenial irregularities, all the difficulties connected with the female organization and function, are somewhat prolific sources of insanity. They produced 926 cases, being about one twenty-fifth of all, and about one eleventh of the cases of female lunacy.

The hereditary nature of insanity is remarkably manifested in this investigation of the health and constitution of the parents, ancestors, and other relatives of the patients who are offered at the hospitals.

According to the British reports, twenty-two per cent. of all whose history was ascertained, owe their lunacy solely to their hereditary taint. But American authors and reporters generally consider the hereditary taint to be only a predisposing cause, which is dormant until some other influence becomes an exciting cause and sets the first into action. Among the children of insane families only a part of them ever become lunatics. Whether all inherit the taint equally, and have equally imperfect cerebral organization or power, but are presumed to be sound until some new and exciting cause develops the insanity in those on whom it falls; or whether only a part inherit this taint and imperfect organization, and they become insane from causes which fall alike upon all but act only on those whose brains are naturally unsound, I cannot say, nor is it here necessary to know. But certainly this said heritage of insanity is found in so many members of the same family, and is so often manifested in successive generations, that there can be no doubt that the imperfection of brain and the tendency to insanity descends from parents to children and to children's children.

Our genealogies are not constructed for the highest purposes of humanity. We cannot trace the sanitary history of families backward through many generations. We cannot speak in the confidence of knowledge of the descent of this heirloom. Yet I have now the history of one family in which there has been insanity for five generations, and of another family in which it has been for four generations; and how much longer it will continue in these families, remains for time to show.

In a history of the Asylum at Bloomingdale, New York, Dr. Earle speaks of eleven hundred and eighty-six patients whose history was known. Of these, three hundred and twenty-three were presumed to have hereditary taint, and eleven of these were of the third insane generation. Twelve hundred and eighteen of the three thousand six hundred and forty-eight patients whose history was known in the Lunatic Hospitals at Worcester, Mass., Mount Hope in Maryland, and Columbus, Ohio, inherited the taint. This is about one third of all. In the British and Irish hospitals the proportion of hereditary cases is less, being three thousand five hundred and fifty-four in fifteen thousand nine hundred and sixty-nine cases, or between one fifth and one fourth of all.

The subject of hereditary descent, as manifested in insanity, idiocy, and in many other diseases or imperfections of organization, is yet to be investigated. The field is a broad and untrodden one, and is worthy of the labor of the student of physiological and pathological science. And it is to be hoped, that we shall not let this study be exhausted on our cattle and horses, whose pedigrees and hereditary powers have been traced and published with great care. The same attention would find a nobler subject in man—to learn how far the health and power of the human race is deteriorated by indiscreet marriage, and how far they may be improved by faithfully attending to the laws of hereditary descent, and by securing in the parent the virtues and the powers and the constitution that are desirable in the children.

There is no doubt that the tree must declare itself by its fruit, so that it can be thereby known. So the constitution of the parent must be manifested in the child, and he inherits that power or weakness, that perfectness or imperfectness of organization, which the parents possessed when they imparted the element or the pabulum of life. Hence we have many imperfect brains and much hereditary insanity.

*Moral Causes.*—The moral causes are, according to the record, almost as abundant as, and probably they are really more abundant than, the physical causes. There are eighty of these specified in the American hospital reports. Authors of works on insanity add others. Pinel adds sudden joy, hope, jealousy, remorse, envy, extatic admiration of works of art, the struggle between the religious principle and the power of the passions. Esquirol adds misanthropy, epidemic influences,\* political commotions, which unnaturally excite the intellectual faculties, exalt the melancholy and hateful passions, revenge and ambition, and

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\* As there are certain atmospheric conditions which render epidemic and contagious diseases more or less frequent, so there are in the spirits certain general dispositions which cause mental alienation to extend, propagate and communicate itself to a great many individuals by a sort of moral contagion.—ESQUIROL, *Maladies Mentales*, l. 63.

reverse the public and private fortunes of men ; and undue parental severity. These causes may be reduced to five classes.

1st. Over or undue action of the mind ; excessive study ; devotion to special investigations ; great mental labor in business, in politics, law-suits, &c. ; all sorts of mental excitements.

2d. Causes connected with the affections, feelings and emotions ; grief, disappointment, anxiety, homesickness, troubles and trials from persecutions of friends or others, fright and fear.

3d. Religious causes, growing out of the hopes, fears and anxieties connected with the eternal interests.

4th. Causes connected with property and poverty.

5th.—Causes connected with the violent and malignant passions and temper.

These moral causes operate upon the mind alone—they reach the brain through its functions and produce disturbance. As violent labor or long protracted exertion of the body, producing excessive action of the muscles, may produce muscular debility or disease ; so excessive action of the mind, either by intense or long-protracted study, may result in debility or disorder and irregular action of the brain. Or as the attempt of the stomach to digest improper food, which it perhaps may overcome with painful difficulty, or perhaps, after all its distressing struggle, fails to dissolve, produces gastric disturbance, and, as this injudicious dieting if long continued produces dyspepsia in some of its forms, and even an inability of the stomach to digest the common food with the usual ease and certainty ; so the attempt of the mind to grasp and understand subjects that are not within its power, or to acquire more within a definite period than it can comprehend in that time, may exhaust the cerebral energies, or deprive the brain of the power of determined and controllable action, so that it will act with uncertainty, and strangely, or even wildly.

When any of the organs are interrupted suddenly in course of energetic action, there is a shock and a pain and consequent diminished power—as when the cutaneous action is arrested by a check of perspiration, or the muscular action when we run violently against an unexpected obstacle ; so the mind, when it has been long and confidently and hopefully laboring on and for a certain object, suffers from this sudden interruption and disappointment.

On these principles we may explain the origin of those cases which are said to be caused by excessive mental labor, excitement, fatigue, perplexity, and excessive study of special subjects, politics, business, law-suits, and the depression and disturbance in consequence of losses of property, or disappointment in love, ambition, hope of wealth, or in any desirable plans of happiness.

Probably mental exertion, labor or struggle devoted to any other subjects or pursuits than these herein quoted, in the same disproportion to the power of mental action, or the same unnatural degree of excitement from any other causes, would produce insanity as well as those of which the hospital reports have spoken. It is not, then, merely these special causes, but the undue mental action which they created, that should be deemed the cause or causes of the cerebral disorder. And any undue



mental action, or any abuse of the mind applied to, or created by, any other subjects, would produce the same result.

All the functions are in some degree under the control of habit ; and when the habit is established, it gains more and more power. Whether the habit be the best or not, whether it originally were easy or difficult, when it has been once established we continue to act according to it without effort and unconsciously. Thus the sailor, having acquired the reeling gait at sea, continues to walk in the same manner on land, and finds it hard to do otherwise. The soldier, having established the stiff strut, does not walk with the flexible grace of other men when out of the ranks. So also the mental habits control us, even when the occasion does not require them. The engineer insensibly estimates the measure and position of objects mathematically ; the statistician counts them ; the painter groups and arranges them ; the merchant estimates their commercial value ; the sensualist considers whether through them or by them his appetites and passions can be gratified ; and the punster at once sees the double meaning of words that admit of this forced and unnatural interpretation. The ruling habit of body, mind, or affection, governs both in season and out of season, whether there be occasion or not.

On this principle all irregular mental habits gain power, and sometimes result in insanity. Persons who are odd, and indulge in singular notions, who love to give strange and startling opinions, which are indeed unsound as far as they go, who allow themselves to think and say unusual things, form a habit of oddity and strangeness which at last may control them and establish mental derangement.

*Day dreaming* comes under the same law. It is a very seductive habit. The imagination loves to create positions and circumstances which are the most flattering. There the dreamer forms for himself a character, and a series of actions and a relation to his associates or to the world, which would be to him the most satisfactory. This active imagination becomes his demon, his ever present mentor to make use of present circumstances to encourage and harmonize with his favorite mania. He looks upon men and scenes and events in their bearing on his imaginary life, or he distorts them to suit this purpose. Thus he loses the habit, and in some degree and perhaps entirely, the power, of seeing the world and things as they really are. And when this habit obtains control over him, he is acknowledged to be insane.

*Faulty education* is another cause belonging to the same class. Those who in early years receive wrong notions of the world and life, who in childhood and youth indulge in expectations which manhood cannot realize, create hopes that must be disappointed. They lead a dreamy life, with ideals which they have not power to fulfil. They look for circumstances which will not belong to them. They strive for stations and advantages which their education or their talents or their position will not gain for them. They suffer from a vain and unsatisfied desire, an ineffectual struggle, a disappointed confidence, and they sink into weakness and sometimes into lunacy.

The opposite extreme of *mental idleness*, without occupation, without habits of exertion, and even seclusion, sometimes produces the same results of mental weakness and inability to act under control.

The painful affections and emotions, grief, anxiety and disappointment, produce no small portion of the cases of insanity: 2882 out of 22,113, or about 13 per cent. of all whose origin is known.

The depressing emotions are more injurious to mental health, as well as to physical health, than the exhilarating ones. Many are the cases of insanity charged to distress, and anxiety, and trouble, to losses, and dangers, and fears, but very few to hope and bright anticipations, to joy and success. One can revel with impunity in almost unbounded cheerfulness and enjoyment and hope, but the mind falters under carking care, and wasting grief, and harrowing anxiety. "Laugh and be fat," though said as mere comedy, is yet a serious physiological axiom as applied to the body, and it is no less true as applied to the mind.

Many of these emotional causes of insanity come upon all men. All are called to grieve for the loss of friends. Most suffer in doubt and anxiety from the sickness of relatives. These sources of lunacy seem to be necessarily inherent in our constitution. But there are other sources of grief which error, wrong and vice produce unnecessarily. Domestic troubles, variances, quarrels, the misconduct of members of the family, the ill-treatment from husbands or parents or other kindred, the difficulties among neighbors or associates, are somewhat fruitful sources of mental disorder.

The maddening passions—anger, hate, malignity, jealousy, pride, and violence of temper, have a similar disturbing influence on the health of the mind; while the tender and generous passions of love and charity give it serenity, and self-control, and power.

Through one or the other of these channels, through either the mind, the emotions, or the passions, most of the moral causes of insanity operate.

The relations of property and of poverty to man, the labors and the anxieties, the hopes and the disappointments, connected with the one, and the fear, distress and suffering, connected with the other, produced 2280 out of 22,113, or 10 per cent. of the cases whose causes were known and reported. The mental labor in the management of business has the same effect on the exercise of the brain as study, and may be as excessive and as injurious; and when great anxiety is added to this, especially in business of doubtful issue, as in speculations, or dealing in lottery tickets, or any matters where hope is great but on uncertain ground, as in lawsuits, there is, or may be, the three-fold cause of mental disorder—excessive cerebral action, anxiety and disappointment.

Poverty itself produces the same result, and brings with it much of the mental labor of property without its supporting aids. There is then a struggle to obtain, with less power to sustain the effort, and accompanied with the depressing care and anxiety, without the hope to buoy up the spirits and energize the mind.

Religion acts powerfully on the mind and heart; consequently it affects the brain through the intellect and the affections. There is a great struggle to comprehend the doctrines and the mysteries. There is intense exhilaration joined with the hopes, and an agonizing anxiety joined with the fears, that are connected with the eternal interests.

There is so great a prize to strive for and to gain, and so terrible a destruction to be avoided, that the mind labors with all-absorbing energy to secure that which is offered, and escape that which is threatened, and the over-tasked brain sometimes falters and then acts with uncertainty.

In other cases the insanity assumes the religious form, although religion, or its study, or its hopes, are not the cause. Dyspepsia, hepatic disorder, or low health in any other form, or any other cause, may depress the cerebral energies; then the mind becomes enfeebled, the spirits low, and hope gives place to doubt, or fear, or perhaps despair. Then the thoughts rest upon some dreaded evil, which the imagination creates. Then a man sometimes fears poverty, or that his family or friends are in trouble, or that he shall not accomplish some desired purpose. And frequently he imagines the worst evil that can be presented to him; then he looks to his eternal, his greatest interests, and considers these all as lost; and believes he is ruined forever. With some reason left, he looks for the cause of so great an evil, and finds it in himself, and thinks he is thoroughly wicked, that his sins are beyond the reach of pardon, and therefore his destruction must necessarily follow.

The various causes of insanity connected with religion, its excitements and its depressions, produced 1867 out of 22,113, or about 8 per cent. of all whose anterior history is known.

I have thus noticed, either specially or generally, the various circumstances, conditions, habits and influences that are supposed to disturb mental health. Those already known and stated are very many, and we have no reason to suppose there may not be very many more. They are here and about us, and everywhere in the civilized world, and, to some extent, in the savage world. They are inherent in the very organization of some; but most of them come from abroad, or from the indiscreet use or abuse of one's own powers of body or mind.

It is a melancholy consideration to know that some or many of these causes of insanity are peculiarly abundant in this country and in this age, and some of them are increasing in frequency and disturbing force. Almost the whole class of accidents, injuries and exposures has increased. With the new improvements in the mechanic arts, the multiplication of machinery, the new and sometimes uncontrolled, if not uncontrollable, motive powers, and with the new modes of travel, more accidents happen, more injuries are inflicted, and in their way they multiply the causes and the cases of insanity.

In course of the same progress of improvement, there are more chemical agents discovered, and numberless new applications of this science and its discoveries to practical use in the common arts and business of life. Men are therefore more exposed to minerals, acids, gases, paints, dye-stuffs, and combustible and explosive elements or mixtures, which are sometimes more or less injurious to health, or cause accidents dangerous to those who are connected with them, and consequently multiply the causes and the cases of lunacy.

The causes connected with mental labor, in its manifold applications, have increased and are increasing continually. In the progress of the age, education has made rapid advances both in reaching a wider cir-



cle of persons and in multiplying the subjects of study. The improvements in the education of children and youth have increased their mental labors, and imposed more burdens upon their brains, in the present than in the preceding ages. The proportion of children who are taught in schools increases every year in the United States, and in most civilized nations. There are more and more of those whose love of knowledge, whose sense of duty, whose desire of gratifying friends, and whose ambition, impel them to make their utmost exertion to become good scholars. Thus they task their minds unduly, and sometimes exhaust their cerebral energies and leave their brains a prey to other causes which may derange them afterwards.\*

The new sciences which have been lately discovered, or the old sciences that were formerly confined to the learned, but are now simplified and popularized, and offered to the young as a part of their education, multiply the subjects of study and increase the mental labor of almost all in schools.

Men and classes of men, such as in the last century would have thought of nothing but how they should obtain their bread, are now induced to study subjects and pursue sciences, and burden their brains with great and sometimes with excessive labor. New fields of investigation have been laid open within the last hundred, and especially within the last fifty, years. New inducements are offered, so that a greater variety of tastes is invited to their peculiar feasts of knowledge. Many more now study phrenology, metaphysics, mathematics, physiology, chemistry, botany, and other branches of natural history, to say nothing of mesmerism, biology, &c., and thus they compel their brains to labor with more energy and exhausting zeal than those of any former generation. In this multiplication of students there are some who attempt to grapple with subjects that they cannot master, and sink under the burden of perplexity which they cannot unravel.

In this general increase of mental activity, some men become interested and give their minds intensely to the study of public topics, politics, State or National affairs, and the subjects of legislation, the banking system, tariff, anti-rent, anti-masonry, the license question, &c., or to public moral questions, anti-slavery, temperance, and general or special reforms, any or all of which impose upon them great anxiety and mental labor.

In this country, where no son is necessarily confined to the work or employment of his father, but all the fields of labor, of profit and of honor are open to whomsoever will put on the harness and enter therein, and all are invited to join the strife for that which may be gained in each, many are in a transition state, from the lower and less desirable to the higher and more desirable conditions. They are struggling for that which costs them mental labor and anxiety and pain. The mistake or the ambition of some leads them to aim at that which they cannot reach, to strive

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\* In an admirable lecture recently published by Dr. Isaac Ray, the superintendent of the Butler Hospital for the Insane, the errors and effects of the indiscreet and excessive action of the brain in the education of youth are clearly set forth by the philosophical author. This little work ought to be in the hands of every parent and teacher of youth.

for more than they can grasp, and their mental powers are strained to their utmost tension ; they labor in agitation ; and they end in frequent disappointment. Their minds stagger under the disproportionate burden ; they are perplexed with the variety of insurmountable obstacles, and they are exhausted with the ineffectual labor.

But in an uneducated community, or where the people are overborne by despotic government or inflexible customs, where men are born in castes and die without overstepping their native condition, where the child is content with the pursuit and the fortune of his father, and has no hope or expectation of any other, there these undue mental excitements and struggles do not happen, and men's brains are not confused with new plans, nor exhausted with the struggle for a higher life, nor overborne with the disappointment in failure. Of course, in such a state of society these causes of insanity cannot operate. But in proportion as education prevails and emancipates the new generations from the trammels and the condition of the old, and the manifold ways of life are opened to all, the danger of misapplication of the cerebral forces and the mental powers increases, and men may think and act indiscreetly and become insane.

The same is distinctly manifested in the pursuits of business. There are many new trades and new employments ; there are new schemes of increasing wealth, new articles of merchandize, and speculations in many things of new and multiplying kinds. All these increase the activity of the commercial world. The energy of men of new enterprises gives a hope of actual value and a momentary market value to some new kinds of property. The consequent inflation or expansion of prices, to a greater or less degree, makes many kinds of business more uncertain, and many men's fortunes more precarious. This increases the doubts and perplexities of business, the necessity of more labor and watchfulness, greater fear and anxiety, and the end is more frequently in loss, and failure of plans, and mental disturbance.

Besides these uncertainties which may happen to any, there are more that enter the free and open avenues to occupations, which hold out high and flattering promises, and for which they are unprepared, in which they must struggle with greater labor and anxiety than others, and in which they must be more frequently disappointed.

Besides these causes of mental disturbance in the new and untried fields of study and business and commerce, there are other causes in the social position, which is subject to like change. Many are passing, or have passed, from a comparatively retired, simple, and unpretending, to the showy, the fashionable, or the cultivated style of life. In this transition state there must be more mental labor for those who are passing from one condition to the other ; there must be much thought and toil, much hope and fear, and much anxiety and vexation to effect the passage and to sustain one's self in the new position.

With the increase of wealth and fashion, there come also more artificial life, more neglect of the rational laws of self-government, more unseasonable hours for food and for sleep, more dissipation of the open, allowable and genteel kind, and also more of the baser, disreputable and concealed sorts.

Consequent upon the new labor and new positions and new style of life, there comes more low health, from exhausting and perplexing cares and toils of business, of social life and fashion, and from frequent irregular habits of diet and regimen. The secondary consequences of impaired health, of diminished vital forces, dyspepsia, debility, consumption, gout or other disease, are manifested in the brain; and then nervousness frequently, and insanity sometimes, follows.

Thus we see, that with advancing civilization, and especially in the present age and in our own country, there is a great development of activity of mind, and this is manifested in most of the employments, in the conduct of the mechanic arts, agriculture, trade and commerce—in the attention to the professions, and to other subjects of study, and to politics. This increase of mental activity and of cerebral action comes without a corresponding increase of discretion to guide it, and of prudence to restrain it.

And this proneness to mental action must prevail until the world learn the nature and the limit of their mental faculties, the connection of these with the brain, and the connection of the brain with all the other physical organs, and govern themselves accordingly.

In review of this history of the causes of insanity, we find that very few of them diminish with the progress of the world. Some are stationary, remaining about the same in the savage, the barbarous and the civilized state, while many of them increase and create more and more mental disorder.

Insanity is, then, a part of the price which we pay for civilization. The causes of the one increase with the developments and results of the other. This is not necessarily the case, but it is so now. The increase of knowledge, the improvements in the arts, the multiplication of comforts, the amelioration of manners, the growth of refinement and the elevation of morals, do not of themselves disturb men's cerebral organs and create mental disorder. But with them come more opportunities and rewards for great and excessive mental action, more uncertain and hazardous employments, and consequently more disappointments, more means and provocations for sensual indulgence, more dangers of accidents and injuries, more groundless hopes and more painful struggle to obtain that which is beyond reach, or to effect that which is impossible.

The deductions, then, drawn from the prevalence and effects of causes, corroborate the opinion of nearly all writers, whether founded on positive and known facts, on analogy, on computation or on conjecture, that insanity is an increasing disease. In this opinion all agree.

#### REDUCTION OF DISLOCATIONS OF THE FEMUR.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—In your valuable Journal, No. 2, Vol. XLV., August, 1851, you have re-published an article from the Buffalo Medical Journal, read before the Medical Society of Rochester, N. Y., entitled "*Dislocation of the femur on the dorsum ilii, reducible without pulleys or any other mechanical power,*" with an editorial caption of its being a



"*novel method.*" I beg leave respectfully to apprise you that you are mistaken in supposing it to be a "*novel method*" originating in Rochester. By turning to the first number of the first volume of the New Orleans Medical and Surgical Journal, published in May, 1844, you will perceive that it is an old method, first reclaimed from the chaos of blundering empiricism and brought under the empire of the laws of science, many years ago, by an old subscriber to your Journal—your obedient servant.

Unlike Dr. Reid, I did not quote my own cases reduced by the method advised, as I could have done, but preferred, for obvious reasons, to prove its practicability by quoting cases recorded in the standard works on surgery, where the method I advocated was accidentally pursued and the reduction effected, without the operators being apprised of the governing principle that restored the bone to its socket, and as a matter of course not profiting by their own experience.

Since the publication of Dr. Reid, a number of medical writers in Boston and New York have wasted paper in proving what every well-read surgeon ought to know, that Dr. Reid is not the first to have reduced luxations of the femur by the method he has described. Dr. James M. Smith has published an article in the 10th number of your Journal, October 8, 1851, giving the credit of the discovery to the late Prof. Nathan Smith. That Prof. Smith reduced more dislocations of the hip-joint than any other surgeon, by deviating from the rules of the regular method, is very probable. When the usual method failed, Dr. Physick, as well as many other operators, was in the habit of placing the patient in a variety of postures with a view of profiting by the chapter of accidents, as it was not unknown that accidental reduction occasionally occurred in some odd postures of the limb and body. That Prof. Smith, although the Nestor of American surgery, was unacquainted with the principle governing the reduction in such cases, plainly appears from his advising "*the making of bending movements like those which violence employs in producing dislocations,*" and from his supposing that the benefits of the method consisted "*in gaining a greater mechanical advantage because we use the bone as a lever, on the long arm of which we impress the force.*" (See quotations from Smith's Medical and Surgical Memoirs, quoted by James M. Smith, M.D., Boston Medical and Surgical Journal, Vol. XLV. pages 189, 190, Oct. 1851.) It is evident from these extracts, that the old mechanical idea of force was uppermost in Prof. Smith's mind—force, according to him, like the *violence producing dislocations*.

He carried the thigh upward towards the shoulder of the patient, not with a view of placing the fascia enveloping the muscles in its original relaxed condition, as it grew in the fœtus in utero—not with a view of relieving the gluteus maximus of the tonic spasm affecting its fibres from an approximation of its points of attachment by bringing down the head of the bone—not with a view of relieving the tension of the six abductors; but to gain greater force by using the bone as a lever and the edge of the pelvis as the fulcrum.

After long pondering over the cases of dislocation reduced by accident,

and those reported as having occurred in the practice of a number of surgeons by using more or less force in a variety of fractures, the truth flashed into my mind that force had nothing to do with it; that nothing more was necessary than to study anatomy and physiology anew to find the principle to direct the hand of the operator how to place the body of the patient and the dislocated limb in a position the most favorable to enable the muscles themselves, with little or no other external assistance than that afforded by the hands of the operator, to effect the reduction by calling into play the laws inherent in the muscular structure. After having discovered the principle and reduced it to practice, I composed an elaborate essay on dislocations of the hip-joint, containing the results of my investigations, and read the same to the Natchez Medical Society, which was, by its order, subsequently published in the New Orleans Medical and Surgical Journal in 1844. It is more full and explicit than that of Dr. Reid, lately published in Buffalo, Boston, and New York, as it not only gives similar directions in regard to posture and the necessary manipulations to effect the reduction, but it contains the rationale of the process and an anatomical demonstration of the superiority of the physiological over the usual mechanical method of extension and counter-extension. The late publications in 1851 have only told half the merits of the operation by the physiological method I advised in 1844, as it will be seen it is applicable to old as well as to recent cases, a fact that the claimant of the discovery in 1851 will readily perceive by reading the details of the same discovery, published in New Orleans in 1844. Having full confidence in the merits of the newly-discovered physiological method over the old plan of mechanical violence in reducing dislocations of the hip-joint, I turned my bantering out into the medical world to force its way through the obstacles, that the ridicule of the weaker brethren and the prejudices of the learned always cast around every important discovery coming from Nazareth or any unexpected quarter. It is more with pleasure, than with any other feeling, that I perceive the discovery is claimed by Dr. Reid and a number of others, because claims set up to paternity are the surest means of giving growth and vigor to any newborn truth. It was not until the French claimed the discovery of the virtues of large doses of the sulphate of quinine in the exacerbation of certain fevers and in some forms of pneumonic and gastric inflammations, that the practice of Drs. Perrine, McPheeters, and myself, who gave large doses of quinine in fevers anterior to the pretended discovery of the French, ceased to be ridiculed as empirical and began to be imitated. We used quinine in large doses, eight grains, every two hours, with almost invariable success in a class of fevers during the height of the exacerbation, with pulse 140 to 150 (apt to be fatal under the old treatment), and at the end of five years we had won by the superiority of the method the most of the practice among the people; but we could count only one convert among the physicians, Dr. James Metcalf, who joined us, claiming coeval priority with the triple discoverers. Through his brother, Dr. Volney Metcalf, subsequently a student in Paris, the French were induced to test the merits of the quinine practice of the Natchez physicians. In the Medical Recorder, Vol. 9, page 241, published in Philadelphia, April, 1826, I made the first announcement of the



febrifuge virtues of large doses of the sulphate of quinine in certain fevers, given without regard to exacerbation or remission, in 8 gr. doses, every two hours. In the 10th volume of the same work, published the same year, pages 57, 58, and 59, I recorded the efficacy of the same article in the same high doses, in certain forms of pneumonic inflammations. Yet, with the exception of Dr. Metcalf, no other physician in the Union, that I am aware of, adopted the quinine practice until about the year 1831, when Dr. Thomas Fearn, of Huntsville, Ala., made a successful trial of it. Dr. Cathy Sehorn, of York, Ill., the subsequent year, fell a victim, it is said, to experiments on his own person with much larger doses than those I had recommended in the Medical Recorder. In the mean time the experiments with the large doses, made in France, having proved successful, many physicians, in different quarters, adopted the quinine practice and found it to be safe and effectual beyond their most sanguine expectations. That practice, first adopted by Drs. Perrine, McPheeters, and myself, and published in the Medical Recorder more than a quarter of a century ago, as our peculiar practice, has only within a few years past made its way to the favorable notice of the profession.

With this experience in regard to the slow progress of the important truth of the febrifuge virtues of large doses of quinine in an extensive class of fevers, apt to be fatal without a liberal use of that article, I am not surprised that the discovery of a principle, leading to a safe, certain and expeditious reduction of dislocations of the hip-joint, by substituting the laws of physiology for physical force, should have been seven years before the public without attracting attention to its merits. It was expecting too much to suppose that the present generation would profit by the discovery, considering that it takes longer to correct the errors of education than to teach new truths to the ignorant. Even at this late day, the experience, which has been accumulating for a quarter of a century, and of late years in geometrical progression, proving uncontestably the febrifuge virtues of large doses of quinine in curing certain dangerous fevers, often cutting them short in their incipient state by what has been called the *abortive method*, is lost on a large portion of the profession—the prejudices of education walling out truth. The impression that new truths make upon the mind is often so obscure and faint, that when accident directs the attention to it, the idea, like seed long before sown in the mind, unnoticed and forgotten, shoots forth and is apt to be mistaken for an original thought. Hence so many have claimed originality in discovering the febrifuge properties of quinine in large doses, and hence the mistake of Dr. Reid, of Rochester, in supposing that he is the original discoverer of a better and surer method of reducing dislocations of the hip-joint, than the painful and uncertain one in common use, founded not on anatomical structure and physiological laws, but on mere mechanical force. Having cited the proofs, drawn from the records of the science of medicine, rightfully attaching two important discoveries to the memory of an old subscriber to your Journal,

I have the honor to be, very respectfully, your obedient servant,

SAMUEL A. CARTWRIGHT, M.D.

New Orleans, Oct. 21, 1851.



[THE following *autopsia cadaverica* is on the authority solely of the writer. The dissecting-knife has revealed less venial faults in the dead than are here exhibited ; but whether any were overlooked in this case, or whether the faults of other " bantlings " have been made more conspicuous than they should be, is not for us to decide.—ED.]

A POST-MORTEM EXAMINATION OF THE NEW YORK REGISTER  
OF MEDICINE AND PHARMACY.—BY THE EDITOR.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—On the 26th of last April I left New York for the Isthmus of Panama, having been appointed one of the surgeons to the Panama R. R. Co. Before my departure, I placed my " offspring," the Register, in the hands of a friend, to act as foster-father in my absence, at the same time providing everything necessary for its support to the end of the first year, when, I was confident, it would be able to provide for itself ; for, strange to say, young as it was, it already talked like a book, and many people seemed to be pleased with what it said, and contributed a dollar a year, towards supplying it with food and raiment, which entitled them to a chat with it every two weeks. Previous to this, however, I must say, that, to my surprise, I found that many of those who paid the dollar or graciously promised to do so, expected to be praised, or, at least, spoken of in such modest terms as the learned, the accomplished or the wealthy Dr. so and so, and particularly it was required by those interested in the public institutions here, that they should be spoken of in the " highest terms," of course ; and one party adroitly hints that the " child " was too much on the fence, and that if it would jump off on the right side, and stay in that enclosure, it should have much done for its support. Now as I had always inculcated the observance of the strictest truth in all that was said, I was obliged to turn a deaf ear to this proposition, and remarked, that if my " child " stood upon the fence, it was that the fields might be explored on either hand, and that for no one-sided proposition would it ever come down. Now, strange as it may appear, soon after this stories were in circulation that the " child " was not well " brought up," that it made " great mistakes," and was not very " smart " after all ; and, moreover, that people better keep away, or they would get " bit " with it, as it was exceedingly bad tempered. It so happened that a " brother " had a " bantling " also, that was a little older, and consequently thought to be stronger than mine, and which at first appeared once a week before the public, but finally adopted my appointments and terms, yet in all else was " right opposite."

This was the state of things when I left ; but scarcely had I got fairly out to sea, when this babbling " bantling " commenced telling the strangest stories imaginable about this " child " of mine. In the first place, it said that I was not the " father " of it, but that it was the common " child " of a number of persons, and that they set it talking, and instructed it what to say, and supported it, and corrected its lessons for it, and that it was all to their praise and benefit. Now, with regard to the legitimacy of this " child " of mine, I have the most positive evidence

that neither of these persons ever had connection in any way with the party (the printers) that brought it forth, and knew not its way into the world until the presentation was announced to the public—that I had sole charge of its education, that I instructed it in all its original sayings, unless otherwise stated, and that I was alone responsible for its support—that it has never cost any one but a dollar, save myself,—and the pile of accounts for one year's subscription, handed in to me by the publisher as of no use, admonishes me that there are those who have received its semi-monthly visits regularly, whom it has not cost that sum, although among them there are some very respectable names indeed.

During last summer I wrote to the foster-father of my "child" here, that I expected to return before the year expired, but if it should so happen that I did not return, I trusted that my "offspring" would survive me, and continue to grow in good works. Now it so happened that I was unable to write instructions, or return in season, as I had expected, and therefore when I did arrive, on the 10th of October last, I found, to my sorrow, my "child" was dead, and that another one was born into the world and stood in its very tracks. In the absence of all information from me the case of my "child" became hopeless, and it was left to die suddenly—the bad stories that had been circulated against its character deterred any one from fathering it. By this I may not have been surprised, but I was surprised by the signs of the Times. I am not disposed to find fault that my child was left to die, for I could expect no one to take the responsibility of contracting for its year's subsistence—yet it might have been kept above ground with the chance of being revived; nor would I deny the right of any one to such children, if "got up" consistently with the regulations of society, nor raise a doubt but that the "child" of a bachelor may be legitimate. Now I have the most perfect confidence in the uprightness of the father of this new applicant for public favor, which is to come to us every month with such a bright clean face;—nor do I believe he ever intended to intimate by the paragraph in the last number, headed "Personal," that he considered the report that I was connected with him was discreditable to his "offspring." Indeed, he has just been in and assured me that he did not; and therefore if such a report had obtained a circulation in advance of the Times, I am under obligations to him for stopping it, for it surely has been enough for me to father my own "child." With this explication, I trust my brethren will have a better understanding of the causes of my affliction.

Your obedient servant,

C. D. G.

*New York, Nov. 4, 1851.*

#### OPERATIONS FOR STRANGULATED HERNIA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I promised, some time since, that I would furnish you, from time to time, with reports of some of the more interesting cases of hernia which might come under my notice; but having been, during a part of the time, absent from home, and for the remainder quite busily em-

ployed with professional and other duties, I have not done as I intended. I propose, however, to report for this, and some of the succeeding numbers of the *Journal*, several important cases of strangulated hernia, which have recently come under my observation, believing that they will prove acceptable to yourself and the members of the profession generally.

*Boston, Nov. 1, 1851.*

G. HEATON.

CASE I.—I was called, on the 3d of July last, to see a young man, of strong, athletic frame, a Frenchman, who had been in this country but a short time. He had been troubled, for many years, as he informed me, with a direct inguinal hernia on the right side, which during a great part of the time he had been unable to retain by the aid of a truss, and had consequently suffered much inconvenience from it. Some five or six days previous to my seeing him, he had broken his truss, and had neglected to have it re-placed. In consequence of this, the bowel had descended, and he was not able to reduce it. He called in a physician forthwith, who attended him for two or three days, trying at different times to effect the reduction, by the means usually employed; such as the warm bath, the application of leeches, the tobacco injection, &c., in conjunction with the taxis—but without success, as the tumor kept increasing, and finally became so tender, as not to admit of the farther trial of the taxis. At this crisis, I was called in, and on seeing the condition of the patient, gave it as my opinion that the operation had been delayed too long; that the inflammation had probably progressed so far, under the prolonged employment of the taxis, as seriously to jeopardize his life. The attending physician having been called in, however, I proceeded at once to the operation. I made the usual incision, some four or five inches in length, directly over the tumor, and by careful dissection reached the sac, which I opened, and brought its contents to view. I found the bowel, as I expected, highly inflamed and of a dark coffee color, and discovered one spot of the size of a dime, of a leaden hue. This portion, I supposed, would slough off; but on account of the mass of intestine which was down, I thought it best to reduce the whole, which I did (after dividing the stricture at the external ring), leaving the dark spot near the aperture. The treatment usual after the return of the parts, was followed, and the case closely watched. To my surprise, no sloughing took place, and the patient speedily recovered, suffering almost no other inconvenience from the operation than that of being confined to the bed until the external wound had healed, which required about two weeks.

On considering the length of time which elapsed in this case, from the first descent of the bowel, at which time the symptoms of strangulation began, until the operation, the long and forcible attempts at reduction, by taxis, together with the fact that the inflammation had advanced even to the incipient stage of gangrene, the recovery of the patient, I think, was remarkable, and shows that under the most unfavorable circumstances the operator need not despair of success.

CASE II.—On the 21st July, in the morning, I was sent for to see Mr. B., 76 years of age, who had been afflicted, for forty years, with an



inguinal hernia on the right side, which had been for a long time partially irreducible. On the afternoon of the day before, during a violent fit of coughing, this had become strangulated. A neighboring physician was immediately called in, who had recourse to the usual means of reduction by taxis, but to no purpose. On my arrival, as the symptoms, although specific, were not sufficiently urgent to justify an operation, I tried the taxis, but without any apparent diminution of the tumor. I called again in the afternoon, and finding that the tumor had increased to an enormous size, and the symptoms become quite violent, I decided at once upon the operation as the only means of saving the patient; although even this alternative appeared desperate, on considering his age, the size of the tumor, and the adhesions which its contents had contracted. A lengthened incision through the integuments, and a careful dissection of the fascia, brought to view a sac. This I at first supposed to be the true hernial sac. On opening it above, a pint of fluid escaped, and a second sac was exposed. I opened this cautiously, when a large quantity of bloody serum was discharged, and some eight or ten feet of intestine were brought to view. The appearance of this latter by no means relieved the doubts I had had as to the successful issue of the operation. It was of a very dark color, approaching to black, and thickly covered with a coat of coagulable lymph. I found the stricture at the outer ring, which being divided, I easily returned the intestine into the abdomen. The edges of the wound being brought together, were secured by sutures. Contrary to my expectation, the wound healed by first intention. The patient continued to improve daily, and, in ten days from the operation, was able to be about the house.

The points of interest in this case are, first, the great size of the tumor; 2d, the rare anomaly of the existence of two sacs, and the unusual quantity of fluid discharged from them; 3d, the condition of the strangulated portion of intestine, showing the importance of operating early, and that a delay of a few hours might have proved fatal to the patient; and, lastly, the rapidity with which he recovered.

CASE III.—On the evening of the day on which I performed the operation in the case just cited, I was called to visit Mrs. R., who had been troubled with a femoral hernia on the left side for some four or five years. As she had been able, during most of the time, to keep it back by the aid of a truss, she had not suffered much with it until the day before I saw her, when from some over-exertion it had come down and she had been unable to return it. The usual symptoms attending strangulation soon came on, and a physician was sent for. For some reason he did not surmise the true cause of her trouble, but concluded, from the general symptoms, that the patient was threatened with typhoid fever.

I saw her about twenty-four hours after the first descent of the hernia, and found her exhibiting all the aggravated symptoms of strangulated hernia—complete constipation of the bowels, the vomiting of fecal matter, violent pain in the abdomen, and a small tumor, painful to the touch, in the groin. As the soreness of the parts would not admit of the trial of the taxis, I proceeded at once to the operation, in presence of the attending physician.

On opening the sac, I discovered a small convolution of intestine, considerably inflamed, in a strangulated state. I found some difficulty in reducing it, on account of the strong adhesions which it had formed to the sac, and the depth at which the stricture was seated. I found it impossible to get at the stricture without dividing a large artery, which I did deliberately. The ends, however, were easily secured by ligatures, and but little blood was lost. The adhesions having been removed, and the stricture divided, the intestine was easily returned. The edges of the wound were then brought together and secured, after which there were no unfavorable symptoms. The wound healed by first intention, and the patient recovered rapidly.

#### SYPHILITIC INOCULATION.—LETTER FROM PARIS.

[SOME of our readers will doubtless smile at the enthusiasm of the writer of the following letter from Paris. They must acknowledge, however, that he exhibits the spirit of thorough, scientific investigation; and though he describes what has taken place within the "syphilitic world"—which may be considered, we suppose, as confined to Paris—the matters referred to are of general interest to the profession, here as well as abroad.—ED.]

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I am anxious to communicate to the readers of your valuable Journal, a few words upon the great excitement that exists in the syphilitic world, at the present moment, in this city.

During the last few months, M. Auzias Turenne has advanced, that by repeated experiments he has succeeded in communicating the syphilitic virus from man to the monkey, and that he has produced the true primary chancre upon the monkey; in turn, communicating inoculable pus to man. M. Ricord, who has experimented, as all know, in every possible way with syphilitic virus, denies what M. Auzias advances. He thus explains the supposed success of M. Auzias: "that by frequent and constant applications of the syphilitic virus, he has merely established a depot for this virus upon the cutaneous surface of the monkey, and that the *same* virus has been re-transplanted from the monkey to man; any suppuration or appearance of true chancre being due to the constant irritation produced by the virus, as by any other foreign irritating substance. In fine, that the monkey's skin served merely as a soil for the seed, which did not germinate." However, time and renewed experiments will alone prove this question.

But the most interesting portion of my communication does not relate to the monkey tribe, but to the human subject. M. Auzias also holds forth to the world that he cures secondary syphilitic symptoms, not by medical agents, but by the process of inoculation. Here is something new! What does he do? He inoculates an individual already suffering from secondary symptoms, with inoculable virus taken from another source, and he produces the true primary chancre. This he continues to do until the system of the patient refuses to receive the virus, or until, in other words, the inoculation remains without effect. He does not say

how many chancres will be necessary, but in the case of a young physician, whom he brought forward at the Hospital du Midi, this morning, as a proof of his assertions, he had inoculated upwards of sixty times. He now considered him impregnable, and maintains that his constitutional symptoms, under which he was laboring at the time he commenced, are entirely eradicated.

M. Ricord, with the consent of all parties, this morning inoculated this martyr to science, with pus taken from chancres upon three different patients in his wards. Upon all three, artificial chancres then existed, proving the quality of the virus. M. Auzias considers his patient as impregnable—time will prove whether M. Ricord's lancet will be more successful.

This constituted the first experiment ever made by M. Ricord in inoculating the human subject with virus taken from another individual—moral and just views having prevented him from so doing. I need not add, that he fully expects to see a well-established primary chancre following his inoculations, for he denies that any peculiar idiosyncrasy exists, which renders any individual impregnable to syphilitic inoculation.

M. Auzias also gives forth, that, in the same way, by repeated inoculations he can render any individual impregnable to syphilis. He inoculates and produces primary chancres until he can produce no more. The patient cannot have secondary symptoms. By what laws this result is brought about, he does not pretend to have yet discovered. M. Auzias and his school have full confidence in what they maintain. Time alone can decide.

I feel confident that something new is about to be added to our present knowledge of syphilis. What a glorious discovery, if we find that, by inoculation, we may render the services to the human family, that vaccination has done! I assure you that the excitement and zeal shown here upon the subject are worthy of the cause.

D. D. SLADE, M.D., of *Boston, Mass.*

*Paris, Oct. 21, 1851.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 12, 1851.

*Boston Medical College.*—Those who listened to the introductory lecture of the new professor of Chemistry, on Wednesday last, speak of it in commendatory terms. An expectation is indulged that the long-neglected branch of chemistry, so necessary to a complete medical education, will be raised in this excellent school to a commanding position. We have been sounding it in the ears of the Faculties of all the Medical Colleges, that Chemistry did not receive sufficient attention with them, and that most of the colleges were woefully negligent and culpably blameable. Chemistry, to a physician, is as necessary as mathematics to an astronomer.

*Dental Improvements.*—Another and important achievement has recently been made by Dr. Allen, of Cincinnati, in the construction of what is tech-



nically called plate-work, that is regarded with peculiar interest by dental operators. Heretofore, the blocks or single teeth, when riveted to a plate, leave exposed crevices, owing to the impossibility of making a perfectly air-tight fit; and into these crevices the saliva and food find their way, and become sources of offence, under the best efforts with a brush. The improvement consists in soldering the teeth firmly and securely to the plate, as one piece of metal is brazed to another. The union is so perfect, that no fluid can percolate under or between. Those who have spoken of this improvement, used the highest expressions of approbation. Dr. Allen seems to have very much advanced the art, and gone quite beyond the chemists, who have found it a difficult matter to unite an earth with a metal or metallic compound, in the manner shown in this discovery.—Trusting that a scientific description of the process, and a statement of the benefits to be expected by patients from the improvement, will come from a competent source, the further consideration of the subject will be postponed for the present.

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*School for Idiots.*—Correspondents very naturally wish to know what success attends the efforts making in Boston for the education of idiots. The institution is in its infancy, but making good and satisfactory progress. Whenever a report is made to the Legislature, it will be published.

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*The Plague.*—It is very certain, from the accounts received both here and in England, that the true plague has been introduced into Madeira—and the work of death has been appalling. The question has been agitated—will that dreadful disease ever reach this continent? There is reason to believe it will; and the wonder is, why it has not been here already. Our commercial intercourse is extensive with various parts of Africa and the Asiatic shore of the Mediterranean, where this great scourge is never dead or dying, but simply reposing from one period to another, like a fatigued giant, to gather strength for a renewal of slaughter. Should it come, it may be hoped that there will be found more science and a stronger barrier of medical skill to meet and disarm it of its terrors, than has been exhibited in tropical climates, or in the filthy, scourge-inviting regions of moslem Turkey. Plague appertains to the Arabs, in this age; and where the same condition of things exists as characterizes their modes of life, their social condition, their apathy, and the absence of all common-sense efforts to avert or arrest it, there it will have an abiding foothold.

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*Malgaignes' Operative Surgery.*—This is one of Blanchard & Lea's elegant octavo volumes, and one of peculiar practical value to the profession. It was translated from the French, in 1846, by Frederick Brittan, M.D. Its illustrations are by Dr. Westmacott—but they are too few in number, and are inferior specimens of engraving in the United States. Both the type and paper are good, and it is altogether an imposing volume, aside from the character of its contents, which extend to 565 pages. The work is divided into three parts, and all the subjects are methodically arranged. Part I. embraces general elements of operations—as incisions, cauterizations, ligatures; means of preventing effusions of blood; reunions, and the way of diminishing pain in operations. Part II. treats of common operations in minor surgery; on the skin, muscles, nerves, veins, arteries, bones and articulations; re-sections, amputations, &c. Part III.

is devoted to operations on the eyes, auditory apparatus, olfactory region, mouth, throat, thorax, abdomen, rectum, bladder and genital organs. In short, it is a perfect treatise, leaving no one subject untouched, of the least practical value to the surgeon. It is a suggestive book, and therefore possesses an additional interest and claim. To be had at Ticknor & Co.'s, Washington street.

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*Carpenter's Physiology.*—A second edition of this excellent volume, which has a reputation as extensive as the globe, with 190 illustrations, revised from a new London edition, has just appeared at Philadelphia. Students will no doubt avail themselves of the numerous alterations the author has introduced into this volume. As further evidence of its correctness, it may be mentioned that the sheets have been under the vigilant eye of Dr. F. G. Smith, of Philadelphia. As every body at all familiar with the medical literature of the day, fully understands the intrinsic worth of Dr. Carpenter's labors, we conceive it only necessary to apprise the profession of the treasure prepared for them, to ensure the publishers a generous remuneration for their enterprise. This, too, is from the publishing house of Messrs. Blanchard & Lea.

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*MacLise's Surgical Anatomy.*—Part V., completing the series, with 68 colored engravings, of the highest value to operators and students in surgery, may be had in Boston, at Ticknor & Co.'s. No I. was never received at this office—which is much regretted, since it deprives strangers, who wish to examine the engravings, of the opportunity of judging for themselves in respect to their execution and coloring. The publishers should be liberally encouraged. Messrs. Blanchard & Lea deserve it for their spirited efforts in furnishing American physicians with editions of the best and most recent productions of Europe, far below their cost in England on or the continent. On looking over the opinions expressed by professors in many of the leading schools, their testimony is uniformly favorable in respect to the accuracy of the anatomical delineations of these plates.

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*Sylvester Graham.*—A kind but unsatisfactory comment, in one of our city papers, on the death of this individual, by our friend Dr. Alcott, brings to mind our own personal recollections of Mr. Graham. With regard to his system of a strictly vegetable diet, it may be said that he found in physiological works all the materials in it that were of any value, and appropriated them to building up an edifice to perpetuate himself. He borrowed liberally, and his ignorant followers believed him to be the originator of facts and suggestions as old as the records of medical science. His vanity, which was excessive, it is charitable to suppose was connected with a mental peculiarity that could not be controlled. We have a distinct recollection of hearing him say that Dr. Roget's Bridgewater Treatise was stolen from himself! He was obtrusive, and in whatever society he happened to be placed, such was the irrepressible energy of his will, that though sometimes he at first went up like a rocket, he was as sure to come down like a stick. He wore every body out who listened to him; and if they were unwilling to be his tools in propagating his peculiar regenerating views, most of which were intended to change the whole order of society and break up the foundations of the common system of domestic economy,

he denounced them as enemies who were determined to limit his sphere of action and cheat him of the glory that belonged to his name. He was permitted on several occasions to publish articles in this Journal, some of which were well drawn up, and free from ultraism. He himself felt assured that what he had prepared would open the eyes of the medical profession, and produce the happiest results in the community. But no approbation was elicited by them, except from his friends and followers; on the contrary, their publication in the Journal was strongly objected to by gentlemen of the first medical distinction, and by the readers generally. This only roused Mr. Graham to offer longer and more objectionable papers; and when plainly informed that he involved us and injured himself by these measures, his wrath was excited, and it is not certain that he ever forgave us for not allowing him to control the pages of the Journal in such a manner as to spread abroad his *great doctrines*. Mr. Graham's fame is a local one, which will not survive the lifetime of some of his disciples. His memory is associated with bran-bread—and not with any striking event, principle or doctrine, that will carry it onward upon the wave of time as a benefactor of the human race.

With regard to the most important matter connected with Mr. Graham's death—viz., whether his system of living had any influence in hastening it, and thus preventing his enjoyment of that "green old age" which, it was understood, was to be the reward of his followers, Dr. Alcott, as already stated, presents nothing very satisfactory. He intimates that a Dr. Trall, of New York, has important facts to disclose; but a note from Dr. T. himself states that he is not yet prepared to publish them. Dr. Alcott makes a few statements, which, though evidently apologetic in their character, may in fairness be inserted here. He says, 1st, that Mr. G. was in his 58th year, instead of "about 50" as mentioned in this Journal a few weeks since.

"2. He had by inheritance a feeble constitution. His father, an inhabitant of Suffield, Ct., was, as I have always heard, near 70 years older than Sylvester—and the latter was among the youngest of a large family.

"3. He did not become a 'Grahamite' till he was nearly 40 years of age—till his constitution had become much impaired by wrong habits.

"4. He was of a constitution and temperament which naturally rendered him mentally precocious, and predisposed him to nervous and scrofulous maladies. Few, if any, public men with such a temperament have been as healthy, or lived as long as he.

"5. He was not sustained in his supposed office of reforming the world by that co-operation which might have been expected in the domestic relations. Those who know this part of his history will not be surprised that he ran down so soon. The wonder is that he held out so long.

"6. It does not appear that he was true to his own system. Mr. Hunt, in the New York Tribune, says he made to his friends many confessions. But that these errors were not great, would seem probable after all, from the results of post-mortem examination. It is not quite clear, moreover, that his medical management was judicious, or rather that he followed out any general plan."

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*Complete and long-continued Paralysis.*—The Eastport (Me.) Sentinel gives the following account of a remarkable case. Perhaps some physi-



cian among our subscribers in that vicinity can give us further information respecting the cause of such an attack of paralysis, occurring, as it seems to have done, in early life.

"There is a woman at Campobello (near here) who has lain upon her bed for *sixteen years*. She was prostrated after a child-birth, became paralyzed, and has never recovered. The child lived, was healthy, and is now a fine young woman. The woman is not capable of moving any of her limbs in the slightest manner, and cannot sit up. She can hear, but cannot speak loud or distinct. What is very remarkable she appears to be fleshy, has a fair countenance, and a good appetite, though on account of her immobility her food is given in thin or liquid form. She does not change for the worse, but remains as she has been for many years. Her bed is made by rolling her from one side to the other, and she has no acute pain. Her hands remain crossed upon her breast—her fingers are white and smooth almost as ivory. It is singular that in this inert state of her body, the process of digestion should go on so regularly as it does. Nothing is done for the restoration of this woman. She is now about 40 years old, and during her confinement has seen her husband die in the same room occupied by herself."

*Death of Dr. Badeley, of Chelmsford, England.*—Most of our readers have doubtless been interested in the perusal of the Lumleian Lectures, on the "Reciprocal Influences of Mind and Matter," which are now in course of publication in this Journal, copied from the London Medical Gazette. It will therefore be a subject of surprise and grief to them to learn of the sudden death of their author, Dr. Badeley. The particulars of this melancholy occurrence, as we learn them from the London Lancet, were as follows.

"On Sunday afternoon the deceased was afflicted with a severe attack of the toothache, and it continued without intermission all the following night. About four o'clock on Monday morning he went down into his study for the purpose of taking something to alleviate the pain, and, unfortunately, he inadvertently partook of some morphia, and his untimely decease was the result. Mr. Bransby Cooper was sent for by a telegraphic despatch, and all the members of his profession in the town were in attendance, but their combined efforts to save his valuable life proved abortive. Dr. Badeley leaves behind him a family of, we believe, ten children, besides a very numerous circle of friends. Dr. B. was well known to his professional brethren as an accomplished and talented physician, and was the author of several works connected with medicine. He delivered the Harveian Oration last year at the College of Physicians. Only a few weeks since, we noticed his last production, consisting of Lectures on the Mind. Dr. Badeley was an agreeable companion, possessed of a kindly but sparkling wit, and was very happy in his jests and epigrams, some of which have appeared in this journal anonymously. His melancholy death will be regarded as a loss by the profession generally."

The remainder of the Lectures alluded to, which will now be invested with a saddened interest, are devoted to the subject of insanity, and will be inserted as space will permit, after giving the preference to articles by our own correspondents.

*Middlesex East (Mass.) District Medical Society.*—The annual meeting of the Middlesex East District Medical Society was holden at Reading, on

Wednesday, the 5th of Nov. inst. The following gentlemen were elected as officers for the ensuing year :—

Dr. Horace P. Wakefield, of Reading, *President*. Dr. Alonzo Chapin, of Winchester, *Vice President*. Dr. Truman Rickard, of Woburn, *Secretary*. Dr. Augustus Plympton, of Woburn, *Treasurer and Librarian*. Dr. Moses Parker, of Melrose, *Auditor*. Drs. Benjamin Cutter, of Woburn, Erastus O. Phinney, of Melrose, Joseph D. Mansfield, of South Reading, *Censors*. Drs. Benjamin Cutter, of Woburn, Moses Parker, of Melrose, Augustus Plympton, of Woburn, *Counsellors*.

T. RICKARD, *Secretary*.

*Boston Dispensary*.—The following are the officers chosen for the ensuing year :

Managers—Samuel May, N. L. Frothingham, Pliny Cutler, James H. Foster, H. Crocker, Ebenezer Chadwick, N. H. Emmons, Samuel Bradlee, J. H. Wolcott, Francis Parkman, George H. Kuhn, William Dehon.

Treasurer—Edward Blake.

Consulting Physicians—S. D. Townsend, M.D., Jacob Bigelow, M.D., Phineas Crane, M.D.

Visiting Physicians—Dr. E. B. Moore, Ward 1, 133 Hanover street; Dr. M. B. Leonard, 2, East Boston; Dr. Robert Greer, 3 and 4, 132 Hanover street; Dr. Thomas F. Oakes, 5, 6 Pitts street; Dr. J. C. Sharp, 6, 15 Joy street; Dr. J. M. Sharkey, 7, Federal, corner of Purchase street; Dr. G. F. Bigelow, 8, 425 Washington street; Dr. W. B. Morris, 9, Beach street; Dr. E. T. Eastman, 10, 7 Summer street; Dr. E. E. Herrick, 11, Washington, corner of East Dedham street; Dr. J. S. H. Fogg, 12, 305 Broadway, South Boston.

*Nature's Chemistry Inexplicable*.—There appears to be something anomalous in the effects of light on some flowers, which seems to render Nature's chemistry inexplicable. Probably some of your readers may solve the problem. For instance, it is said that when light is excluded from vegetables or flowers, they become white, and the inference which most students have arrived at, is, that light is the principal cause of the difference of color, modified in different kinds by some difference in their structure. That the exclusion of light does certainly blanch some kinds of vegetables, is now admitted as an axiom in vegetable chemistry; for example, the endive, the celery, the white cabbage, &c.; and although the deprivation seems to induce the colorless condition of those mentioned above, it is not a law, otherwise it would be universal. And my object, therefore, in this brief paper, is simply to mention a few facts which seem to be exceptions. The *viburnum opulus* (guelder rose) has a green flower in the first instance, which gradually becomes white if the weather is fine and the light intense, the flowers under such stimulus assuming a most beautiful opaque whiteness. They remain for weeks in this colorless condition, and are finely contrasted with the dark-green leaves which surround them; and so delicate is the whiteness of the flowers that they are popularly called "snow-balls." So also the *lilium albus*, &c., present similar phenomena.

Can it be explained why the *viburnum opulus*, &c. &c., seem to be exceptions? That all the rich variety of colors in the domain of Flora, court the light which gives them their beautiful shades and tints, and in those

we have named, that its presence should banish from them every vestige of hue or color, shows that we have still much to learn on the chemical effects of light.—J. L. LEVISON, in *London Lancet*.

*The Custody of Inebriates.*—(Letter from De Beauvoir de Lisle, M.D., of Guernsey, to the Editor of the *London Medical Gazette*).—SIR,—Your number of the 29th ult., p. 370, contains an extract from the *Boston Medical Journal* relative to the formation of a "*hospital for the custody and treatment of inebriates*," which appears to deserve attentive consideration.

The want of such an establishment has often been experienced in the Channel Islands, where the low price of ardent spirits affords to the votaries of Bacchus, whether natives or strangers, males or females, every facility for indulgence in their baneful propensity—nay, it would seem that troublesome relatives and dependents have sometimes been sent across the Channel by parties anxious to get rid of them.

It has been my lot to attend some of these unfortunate beings, and I have long felt that a well-appointed establishment for their temporary or permanent reception might effect incalculable good. The inebriate, amongst the upper and middle classes of society, are generally more weak than wicked—their qualities of heart and head are masked, but not obliterated. Religion and philanthropy, interest and national vanity, point to the remedy proposed—a *hospital or sanatorium for inebriates*.

*Medical Miscellany.*—A rumored re-appearance of the sweating sickness in Europe, is eliciting remarks from the Medical Journalists.—Dr. Sanborn's splint is gaining friends rapidly.—Bowel complaints have not wholly disappeared. The unnaturally warm moist weather, some weeks back, has probably influenced the malady very considerably.—Household Surgery, by Mr. South, published in New York, has not been seen in Boston yet.

TO READERS AND CORRESPONDENTS.—The present number of the *Journal*, it will be perceived, comprises twelve additional pages—thus allowing space for some of the original communications which were awaiting insertion, and at the same time making up for the occasional use, lately, of an extra page for advertisements. In cases where four extra pages of advertisements have recently been issued, it will have been noticed that in every instance an inset of four pages of reading matter has accompanied the same number.

Dr. Jarvis gives a faithful and graphic description, in his address in to-day's *Journal*, of the causes of insanity. Some familiar instructions, from the same pen, respecting the means of avoiding the frequent effect of these causes, would, accompanying this address, make a useful pamphlet for general distribution.

Dr. Cartwright, who truly describes himself "an old subscriber to this *Journal*," having been a subscriber for more than a quarter of a century, presents fair claims as the originator of two modern or revived modes of practice—one in Medicine, and the other in Surgery. We recommend the remarks of this highly-respected veteran in our ranks to the attention of the reader.

Dr. Mitchell's paper, before acknowledged, will appear next week. One by Dr. Cummings will also have an early insertion.

DIED.—Dr. John Vanderpool, of Valatie, N. Y. At Darien, Dr. Warren Percival, 68.—At Bristol, R. I., Jabez Holmes, M.D.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 8th, 76.—Males, 35—females, 41. Accidental, 3—apoplexy, 2—disease of bowels, 2—disease of brain, 1—consumption, 11—convulsions, 6—croup, 5—dysentery, 3—diarrhoea, 1—dropsy, 1—dropsy of brain, 2—drowned, 2—typhus fever, 2—typhoid fever, 4—brain fever, 2—lung fever, 6—gastritis, 2—hooping cough, 1—disease of heart, 1—infantile, 4—disease of kidneys, 1—marasmus, 1—measles, 1—old age, 2—palsy, 1—puerperal, 2—scrofula, 1—teething, 2—disease of throat, 1—unknown, 3.

Under 5 years, 29—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 11—over 60 years, 8. Americans, 26; foreigners and children of foreigners, 50. The above includes 1 death at the City Institutions.



T H E  
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THE PREVAILING FEVERS OF STEUBEN COUNTY, N. Y.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I was pleased with the suggestion, in a late number of the Journal, by one of your correspondents, and seconded by yourself, “that when the yearly claim of our worthy editor is met, that of his subscribers should be also.” I hope to see the suggestion acted upon; for to me your Journal derives its chief interest from containing reports of cases by physicians, engaged in active practice in different parts of the country, and witnessing them under the different circumstances caused by climate, epidemic and malarious influences, habits, customs, and the various local causes which have an influence in producing disease. I have often wished that physicians, when reporting cases, would not only report extraordinary, but ordinary, ones; that is to say, describe their observations in regard to any peculiarities in the course or the treatment of many of our common diseases—for it is with them we have the most to do.

In reading the medical works of different generations, we observe that various authors have advanced different views in regard to the cause, symptoms, and particularly in regard to the treatment, of the different diseases described. This might arise from two causes; viz., the changes which have been and are taking place in diseases, and the authors not understanding perfectly the disease they are describing. In either case it would involve a necessity of advancement in the science. As disease is not confined wholly to our large cities and towns, and every form and variety cannot fall under the observation of the most eminent physicians in our land; consequently observers, and I may add reporters, should not be confined alone to these persons and places. I am acquainted with many practitioners of medicine, of good common sense, close observers of disease, quick to perceive changes, or recognize peculiarities, eminently successful in their practice, and who have devoted a long life to this pursuit; yet never have reported a case, and when removed from the stage of action they will take with them the accumulated experience of years, and none that live after them will be benefited thereby. This should not be so. In order that the science of medicine shall progress, I contend that every physician, engaged in

actual practice, should contribute something from personal observation to further this object.

In accordance with these suggestions, I propose to give a slight sketch of the fevers which prevail in this locality, together with the treatment which I have found the most successful. A thousand others, perhaps, have witnessed the same, and yet my observations may not be without benefit as a means of comparison of the same disease in different localities.

Our fevers are of two characters ; viz., bilious remitting or intermitting, and enteric or typhoid. The former appears to occur endemically, the latter epidemically. The former has its own particular locality. In order to better understand the cause of this peculiarity, it will be necessary that I give a general outline of the face of the country in my immediate vicinity. I am situated upon the Canisteo river, which is a small and naturally rapid stream running from west to east through a deep and narrow valley. The hills upon each side are very steep, and in many places forming nearly perpendicular bluffs and over-hanging cliffs, which rise to the height of several hundred feet. The surface rocks of this whole region appear to be composed, almost entirely, of organic remains. Upon the hills the country is rolling, and in many places quite uneven, but well adapted to farming purposes ; the soil being of a gravelly loam, clayey loam, and hard pan. The whole surface has been, and where not cleared is still, densely covered with forests of white pine, hemlock, beech, maple, chestnut, oak and hickory. Numerous small streams empty into the river at short intervals, forming deep and narrow valleys or ravines. There are very few marshes in this region, the soil generally being quite dry, and none worthy of note except what are connected with two small lakes entirely surrounded by woods, which are located upon the north hill about four miles from the river. It is in the vicinity of these lakes that the endemic of remitting and intermitting fever occurs, and it is worthy of note that no cases of this form of fever ever occurred in their vicinity until they were raised by a dam across the outlet ; which caused them to flow a large tract of timbered land, which was soon killed by the action of the water, and is now slowly decaying, giving rise to the miasm which produces the above-mentioned endemics. The malarious influence extends but a short distance to the north, being intercepted by high hills and dense forests, but extends to the river upon the south, causing nearly every family included between them to suffer from its effects, either by frequent attacks of remitting or intermitting fever.

Although, as before stated, the river is naturally rapid, and little adapted to produce malaria, man has caused, to some extent, a miasmatic influence, by erecting numerous dams across it, principally for the use of saw-mills, which have caused this once rapid stream, by a constant succession of ponds, to become a very sluggish one. These ponds soon become filled with the slabs which are thrown from the numerous mills, and they are soon saturated with water and sink to the bottom. The action of the water quickly causes them to become covered with a slimy coating ; and during low water many of them are exposed to the rays

of the sun, and while drying give rise to exceedingly unpleasant exhalations, by which, together with the miasm arising from the accumulated debris, a few sporadic cases of ague are produced.

The valley of the river appears to be rather a neutral ground, both kinds of fever occurring in different individuals. Those whose occupation causes them to be about the water have remittents and intermittents; and those engaged in other pursuits, generally have continued or typhoid fevers.

There is no peculiarity characterizing the bilious remitting fevers of this region, unless it be their uniform mildness, generally requiring very little treatment. They generally, and, so far as my experience goes, I may say uniformly, terminate in intermittent fever or convalescence in from one to two weeks. The former termination is by far the most frequent. The agues following remittents, and also those of an idiopathic character, yield readily to the use of sulph. quin. or arsenic in moderate doses.

There is one peculiar complaint caused by the modified malaria arising from the river, which I must not omit to mention, viz., periodic or neuralgic headache. Most of the cases have occurred in individuals living upon the river, or upon the adjacent hills. It occurs many times in persons who have never had ague, but oftener in individuals who at some period of their lives have suffered from that complaint. I cannot better describe it than to briefly state a case which occurred in my practice in the summer of 1849.

G. L., a man about 30 years of age, large and athletic form and robust constitution, and living some two miles from the river upon the south hill, called upon me at my office, and requested me to bleed him for headache. Upon inquiry I learned that he had been afflicted with a severe pain in his head for upwards of three weeks. He described it as a deep pulsating pain, passing from the anterior to the posterior part of the head, and commencing at 8 or 9 o'clock in the morning, and increasing in severity until the middle of the afternoon, when it would gradually subside, and by evening it would entirely have ceased. He would then remain free from pain until the next day, about the same hour. His pulse was natural, skin cool, tongue covered with a thin, dirty-colored fur, bowels rather torpid, and appetite somewhat impaired; but still, aside from the excruciating pain in his head, considered himself well. I opened a vein and bled him pretty freely, which relieved to some extent the pain. I then ordered him to take an active purge and use the cold douche to the head and sinapisms to the back of the neck. About the third day after, he again made his appearance and requested me to repeat the bleeding, stating "I had not taken half enough; and his head ached worse than ever." I demurred, but he insisted that "bleeding had always relieved him, and he knew it would do so again if I would only take enough." Accordingly, I again opened a vein and let it bleed until he was faint, and yet he experienced less relief than from the former. The next day he made his appearance the third time, and what with the bleeding, purging and headache, he looked miserable enough. The pain, instead of abating, had increased. It still retained



perfectly its periodic character, and yet this being the first case of the kind which had fallen under my observation, I did not recognize it at first as arising from a miasmatic influence; but from noticing its disposition to recur at certain regular periods, I was induced to use the sulph. quinine in doses of from one to two grains every four hours. This treatment was continued but a short time before the paroxysms of pain entirely ceased, and the patient has continued in good health up to the present time.

I have given this case, in preference to any other, to show the inefficiency of antiphlogistic remedies to remove this form of headache, even when occurring in the robust or plethoric. Since that time, cases of this nature have been of very frequent occurrence in my practice; and some of them have been of such severity as to cause a temporary delirium. The old and the young, the weak and the strong, are alike its subjects. It generally is of the quotidian form, but in a few instances the tertian. The pain varies in different cases; sometimes being confined to one side of the head or to one eye, at others occupying nearly the whole head; and it generally is of a pulsating or throbbing character. In one case the pain was paroxysmal, occurring every ten or fifteen minutes, and lasting from one to five minutes; causing the patient to scream out with agony. These paroxysms continued only through the day. A few and but a few cases are preceded by a chill, but I have never observed it to be followed by fever. Sweating sometimes occurs during the night.

*Cause.*—As before intimated, I consider the cause to be identical with that of the intermittents which occur here, but of a modified character. The malaria arising from the river would seem to be not sufficiently concentrated to cause a full ague, except in such persons as are much exposed to its influence, or in those who are constitutionally predisposed by previously having suffered from this complaint; but sufficiently so to produce this peculiar form of cephalalgia.

*Treatment.*—The treatment is identical with that of ague. If possible, quinine is more of a specific in this affection than in the former; the case many times yielding to its use alone. I use it in doses of from one to two grains every four or six hours; of course adding such other constitutional treatment as the case may demand. I have treated upwards of thirty cases during the past season, none of which have failed to yield at once to the use of that remedy.

*Enteric or Typhoid Fever.*—This form of fever occurs epidemically, and constitutes by far the majority of the fevers of this region. It occurs upon the hills north and south of the river, and occasionally upon the river, which, as before stated, appears to be the neutral ground; but the country beyond the influence of the malaria arising from the river and the before-mentioned ponds and marshes, is more especially visited by it. It occurs at all seasons, but more frequently in autumn and winter.

*Time of Life.*—Persons between the ages of 20 and 30 years are more frequently the objects of its attack; but old age, and even childhood, are not exempt.

*Symptoms, Course, &c.*—The disease sometimes begins abruptly with

a chill, followed by severe pain in the head, back and limbs ; and the fever is characterized by prominence of symptoms, full and frequent pulse, hot and dry skin, restlessness, great thirst, &c. ; but it much more frequently comes on insidiously, and increases gradually, so that it is often impossible to fix the precise point of commencement. The patient perhaps complains of weariness, general uneasiness, languor, loss of appetite, slight pain in the head, occasional slight chills, alternating with flashes of heat ; the pulse accelerated, tongue covered with a thin, whitish fur ; and these symptoms continue, with a slowly-increasing intensity, for several days, sometimes even for a week or ten days before the patient feels himself sufficiently ill to take to his bed. The disease being now under way, exhibits the usual symptoms of fever : hot and dry skin ; frequent pulse ; generally severe pain in the head, and great general weakness. The pulse, in cases commencing in the latter manner, has much less firmness than when commencing in the former. The patient sometimes has a feeling of universal soreness, as if bruised or greatly fatigued. These symptoms continue with little change, except a gradual increase, for several days. The pulse becomes more frequent and less strong, the skin acquires greater heat, and the countenance assumes a peculiar dusky and stunned appearance ; the patient exhibiting but little anxiety about the result of his case. The bowels become more and more loose, until the characteristic diarrhœa is established—the discharges being thin, frequent, and of an ochrey color. There is sometimes severe pain in the bowels, especially in the right iliac region, which is increased by pressure ; at others the pain is inconsiderable. Generally a slight degree of tympanitic distension is discovered by percussion, with a gurgling sound upon pressure of the hand. A cough frequently sets in, either dry and harassing, or accompanied with a slight frothy mucous expectoration, and the physical signs of bronchitis are discovered by auscultation. Such, ordinarily, is the course until about the seventh to the tenth day from the complete formation. Other symptoms are now superadded. The tongue, which had hitherto been slightly furred and moist, now becomes more thickly coated and at first clammy, then dry and brown, particularly through the centre, and is protruded, with a hesitating and trembling motion, often sticking to the teeth, which are dry and frequently loaded with sordes. The abdomen becomes more tympanitic, and if examined will often be found to be covered with small red points resembling flea-bites. The headache, which had been so tormenting to the patient, now subsides ; but is often superseded by delirium, which at first occurs only when the patient is waking from sleep, but in severe cases it soon becomes constant. It is generally of a mild character ; the patient talking incoherently about his business, or imagining he sees persons about him with whom he seeks to hold a conversation. They generally imagine themselves absent from home, and often try to get up to go there. When asked questions in a firm tone, they will give a rational answer, and appear to converse quite coherently for a few moments, when they will relapse into their former state. Delirium is a very unpleasant symptom, more particularly from the fears which it engenders in the minds of the friends of the patient ;

and if any means can be resorted to for its removal, it is extremely desirable. The use of aqua ammonia was suggested to me by Dr. W. R. Crocker, of Cameron, for this purpose ; and its effects have been most satisfactory in my hands. I give from ten to fifteen drops in sufficient sweetened water to destroy its acrimony, once in from two to six hours, according to the amount of delirium, and continued until it is moderated ; and then giving it sufficiently frequent to keep the delirium controlled. I have never known it to fail of very much abating the delirium of this disease, if it did not entirely subdue it. I attribute its beneficial effects to its directly stimulant and antispasmodic action upon the debilitated nervous centre.

If the disease continue, a complete typhous condition is developed ; the tongue becomes drier—perhaps gashed and sore, with more and darker sordes upon the teeth and lips ; the pulse becomes more frequent and feeble ; starting of the tendons ; picking at the bed-clothes, or perhaps the lips and teeth ; boring the nose and ears with the fingers ; muttering half-formed sentences, or exhibiting nearly a profound coma. Finally, if the case is to end unfavorably (which has been a rare result), all of these symptoms become aggravated ; the pulse gives way, and becomes excessively frequent and fluttering ; the extremities become cool and clammy, and sometimes purplish or mottled ; the countenance assumes the Hippocratic aspect, and life is quietly and almost imperceptibly extinguished. Some few cases have proved fatal from hemorrhage from the bowels.

When a favorable termination is about to take place, the pulse becomes less frequent, skin cooler, tongue moister and cleaning at the tip and edges ; the stupor and delirium subside, and the patient pays more attention to things around him ; he exhibits some desire for food, at least less aversion for it is displayed. Generally there is a lateritious deposit in the urine, together with a general perspiration, before convalescence is fully established.

I have observed quite a number of cases which had been severe and protracted, whose termination was quite different. The tongue, instead of cleaning gradually, appeared to cast off its coat in large flakes, leaving the surface with a patchy appearance or a clean bright red, and entirely divested of the papillary structure, looking as if it had been ironed. Partial sweating generally accompanies this state of the tongue, and the pulse continues more frequent than when it cleans in the natural manner. This state I had always found to be a very tedious one to manage, particularly if the tongue continued dry, until I commenced the use of the oil of turpentine, as recommended by Wood in his *Treatise on the Practice of Medicine*. I have found the use of this remedy, in doses of from five to twenty drops in an emulsion every two or three hours, operate like a charm in this particular state.

I have now described the most common course of this complaint, according to my observation ; but as I have noticed several variations from the general course, I will briefly mention a few of them.

I have just been treating a case in a middle-aged man, who had all the usual premonitory and forming symptoms, until about the ninth day,



when his skin became as cool as natural, the pulse ranging from 50 to 60 per minute; and yet the other usual symptoms of enteric fever continued; such as clammy and dry tongue, diarrhœa, dulness and hebetude of mind, duskiness of the complexion, slight delirium, and rose-colored eruption upon the bowels. It terminated by recovery about the 21st day, with the usual critical evacuations from the skin and kidneys. This was an interesting case to me, from the fact of there being a total absence of febrile action after the eighth or ninth day. I could not have conceived, ere this, how a fever could continue, and yet there *be no fever*. There were four other well-marked cases which occurred about the same time, in the same house and one closely adjoining.

A second case was a young lady, about 17 years of age. She was attacked with the usual premonitory symptoms, which continued until about the same period in its course as the former case, when the skin became cool, but unequally so—one extremity being cool and the other warm; one cheek cool and pale, and the other hot and red, and frequently changing. The heat in no part, and at no time, was raised much above the natural temperature. The tongue was covered with a thin coat, inclining to be dry and brown; pulse ranging from 120 to 140 per minute; diarrhœa, dulness and hebetude of mind, and finally delirium; severe cough, and raising a copious frothy and viscid sputa. This case continued twenty-eight days, and terminated in convalescence in the usual manner. The latter case was singular, in the lack of heat, and also in another circumstance which I have omitted to mention, viz., the absence of the great general prostration which almost universally attends this complaint. Until the last week there was no day but that she was able to walk from room to room. In neither case was the absence of heat to be attributed to a more than usual typhoid state.

*Effects upon other Diseases.*—I have observed that inflammatory diseases are much less frequent during the prevalence of this disease, and for some time after the epidemic abates; and when they do occur the attending fever is more of an adynamic character, and bears but very little bloodletting. I have seen frequent cases of severe pleuro-pneumonia in persons of good constitution, where the pain was severe, expectoration characteristic (i. e., brick-colored and viscid), and yet the loss of from one to four ounces of blood would produce faintness. In very many and severe cases, I can safely omit general bloodletting entirely, and depend upon cups, antimony and mercury.

I have noticed one other peculiarity, during and since an epidemic of this fever which visited this region a year ago the present fall, which I have, perhaps erroneously, attributed to the general epidemic influence existing in the atmosphere, viz., the unusual number of abscesses, swellings and boils, which have come under my observation. I think I can safely say I have seen more during the past year than in the four years preceding.

*Treatment.*—There are three classes of remedies in the treatment of this disease, which *experience* has taught me may be used very much to the detriment of the patient, viz., cathartics, mercury, and tonics and stimulants.

There appears to be such a predisposition to diarrhœa in this complaint, that the use of cathartics (particularly the more active kind) is very injurious. They aggravate the diarrhœa, exhaust the strength, and thereby prematurely develope typhoid symptoms. This class of remedies is more frequently abused by the friends of the patient, than by the physician; we generally finding the patient to have been abundantly *physicked* when first called.

I have observed that mercury, when given in this complaint in large or even ordinary doses, does not produce its usual effect upon the salivary glands; their secretion appearing to be diminished rather than increased. The parotid glands frequently become excessively inflamed and painful, and followed by enormous swelling from its use; and yet the tongue remains perfectly dry, with an almost entire absence of saliva in the mouth. It is only in quite small doses that I have found this remedy beneficial as an alterative in this disease.

The third class of remedies, tonics and stimulants, in my opinion are oftener misapplied than the two former. This is done by two classes of practitioners: the first failing in their use from not being good discriminators of the symptoms indicating them; and the second from holding the view that the disease is one of debility, and needs the use of tonics to support the strength; consequently, when they perceive the first signs of prostration, tonics are freely resorted to, and that with but little regard to the amount of febrile action still existing. I have always found this class of remedies, when used while there was any great amount of heat and dryness of the surface, to hasten the state of collapse; causing the tongue to become drier, the skin hotter, the pulse more frequent, more delirium; and yet, with all these warnings, their use is often persisted in.

Notwithstanding the injury these remedies are capable of doing when misapplied, yet when given in the proper dose and at the proper time, they are indispensable in the treatment of this disease.

In giving my method of treating typhoid fever, I may be only reiterating that of very many (and I might add most other) physicians; and yet, if I do not advance any new idea, my testimony may add strength to an *old one*.

When called early, and the patient has not already been purged (which is rarely the case), I give a cathartic, the size of the dose being regulated by the state of the bowels; for which I generally use calomel, followed in a few hours by a moderate dose of *ol. ricini*. In a few instances, I have premised emetics; but have never seen beneficial results sufficient to warrant me in very often resorting to them, except there be some condition of the stomach which demands their use. After the bowels have been evacuated, I give from five to ten grains of nitrate potassa, dissolved in half an ounce of some mucilaginous fluid, from every two to three hours, according to the amount of febrile action existing. If it disturb the bowels, a few drops of *tinct. opii* may be added, or, which is equally as well, a small Dover's powder given occasionally; and from eight to ten grains of the same to be given at bed-time, to promote sleep and perspiration. If the patient sleep quietly, I direct the

attendant not to awaken him, even to give medicine. Let a person in health be waked every hour in the night, for several nights in succession, and he will feel the need of a physician, and one, too, who would prescribe *sleep*. I believe it to be equally as necessary for the sick to have quiet and undisturbed rest; of course providing there be no contra-indicating circumstance. If there be much heat of the skin, frequent sponging of the entire surface with cool and even cold water I have found to add greatly to the comfort of the patient, and moderate very much the action of the fever. When there is severe pain in the head, I place a wash-tub by the side of the bed, and have the patient's head supported over it while an attendant pours water from a pitcher upon it. This should be continued for some time, if it does not produce chilliness. I have found this remedy to generally moderate the pain, and in several instances I have found it entirely and permanently remove it.

In this complaint, when there is a high grade of febrile action, with great heat of surface, there has been no diaphoretic which I have used with such satisfactory effects as the nitrate of potassa. It combines several valuable properties, viz., refrigerant, diaphoretic and diuretic. I find but few cases where it will not be borne, if given (as before described) in a mucilaginous fluid.

I generally pursue this course, with such modifications as the case may seem to demand, until what might be safely termed the second stage begins to make its appearance. This is indicated by the symptoms before described as occurring at this period; such as a clammy and then dry brown tongue; pulse more frequent and smaller; diarrhœa; tympanitic and tender state of the abdomen, slight delirium, scanty and high-colored urine. These symptoms indicate the general derangement of all the secretions, and call for the use of alteratives. I now commence the use of mercury in small and frequently-repeated doses. I either use calomel in doses of one eighth to one fourth of a grain every two to four hours, according to circumstances, and combined either with Dover, or ipecac. and camphor, or the blue mass, in proportionate doses and with the same combination. The acetate of ammonia with sweet spirits of nitre may now be substituted for the nitrate of potassa. I have often seen the most happy effects from the use of mercury in these diminutive doses in the before-mentioned state. The tongue would become moister, the skin cooler and softer, and the urine more copious and less highly-colored, or throwing down a lateritious deposit, denoting that the secretions were becoming unlocked and approaching their normal state. In other cases, as the disease advances, other and stronger symptoms of prostration develop themselves, which demand the use of remedies calculated to support the flagging powers of nature. The period at which it becomes necessary to have recourse to these remedies varies greatly in different cases. Sometimes, in very feeble constitutions, or during typhous epidemics, it is very early after the commencement of the disease; but much more frequently it is not until some time in the third week. In resorting to the use of tonics and stimulants, I find it is necessary that we be influenced by the state of the pulse, that of the skin, and the general evidence of a typhous condition of the system. I have



generally found them well borne when the skin became cool, the tongue and teeth encrusted with dark sordes, starting of the tendons or subsultus, tremors, and particularly if the pulse be feeble and have diminished somewhat in frequency. But it much more frequently happens that the pulse is very frequent while it is weak, and the skin remains at least partially hot; and even under such circumstances I have often found them beneficial. I sometimes pursue a tentative course. When I discover they increase the frequency of the pulse, heat of the skin, and dryness of the tongue, I immediately suspend them. On the contrary, when I discover them to diminish the frequency and increase the fulness of the pulse, relax the skin and tongue, moderate delirium, and relieve nervous disorder, I consider them acting favorably. I generally employ the milder kinds first; such as the infusion of serpentaria, with a little sweet spirits of nitre; and if this produce no unpleasant symptoms, and the case appear to demand it, I then resort to the use of sulph. quinine in doses varying from one half to two grains from every two to six hours, according to the urgency of the case. By adding a small amount of tannin to each powder, the bitter taste is almost entirely destroyed, and it is thus rendered more acceptable to the palate. When a more diffusible impression is indicated, I have frequently resorted to wine-whey, carb. ammonia, &c. In several cases where there has been great prostration, I have resorted to the more powerful influence of brandy, and in a few instances I have had to administer it in large quantities.

For diarrhœa, I have used the acetate of lead, tannin or kino, alone or combined with some of the preparations of opium.

There are various local and incidental complications which frequently exhibit themselves during the course of the disease, the treatment of which may with propriety be omitted in an article of this kind.

I have observed the general rules in regard to diet, cleanliness, ventilation, &c., laid down by most of our writers upon this subject.

The above general course of treatment, so far as medicines are concerned, is that which has appeared to me most successful in the treatment of this disease. During the past season I have treated upwards of twenty cases in this manner, but one of which died, and that a child 3 years of age.

S. MITCHELL, M.D.

*Cameron Mills, Steuben Co., N. Y., Oct. 20, 1851.*

#### SUCCESSFUL TREATMENT OF A CASE OF PULMONARY DISEASE.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I forward for publication the following interesting case of pulmonary consumption, complicated with disease of the liver and kidneys, and the treatment adopted.

J. X. CHABERT, M.D.,

Nov. 1, 1851.

431 Grand st., New York.

W. F. Devoe, the subject of this report, is a young man, nearly 21 years of age, and recently married. He is tall and slender, has a contracted chest, is of sanguine temperament, light complexion, and red

hair. He resides on a farm in the village of Bushwick, Queens County, Long Island, N. Y., where he was brought up. Some time ago he opened a dining saloon in New York, and to the frequent changes from heat to cold to which he was subjected in attending to his business, he attributes the origin of his disease, as he had previously enjoyed excellent health. He was first attacked with bilious remitting fever about the first of April, 1851, and was attended by several skilful and experienced physicians. I am informed by them that they attended him during the months of April and May, and that during this time he was troubled with a dry cough and flying pains through the region of the chest, in addition to the fever. They were successful in abating the fever; but the cough increased, and inflammation of the lungs set in and rapidly terminated in ulceration. This was accelerated by his attending the wedding of a friend, where he indulged in too much wine, and consequently exposed himself to a fresh cold, which completely prostrated him. The disease progressed rapidly. His left lung became hepatized, and his physicians gave up his case as hopeless, and daily expected to see him expire. His friend then sent for me. I first saw him on the 29th of June, 1851. I found him in bed, unable to raise himself. He had Hippocratic, emaciated countenance, his pulse was small and feeble, with a dry cough and periodical fever. He expectorated a dark-blue, tenacious matter, which sank to the bottom of a tumbler of water when he spat into it, and he was scarcely able to articulate.

On carefully examining him I found his left lung entirely hepatized, and ulceration had commenced on the right lung. His bowels were constipated, and he had great difficulty in voiding his urine. For the purpose of relieving his bowels and kidneys he was ordered—*R.* Gum ammoniæ, ʒjss.; ext. hyoscyam., ʒj.; ext. cinchonæ, ij.; syr. zinziber, q. s. *M.* Make 60 pills—two to be taken night and morning. *R.* spts. nit. dulc.—six drops to be taken every two hours. After taking this for two or three days, his bowels became regular and his urine passed freely. I then commenced giving him the syrup, published in the Boston Medical and Surgical Journal of October 22d, 1851. After taking it a few days, his cough became soft and easy, and his pulse rose. This practice was continued for a few days more, when he was able to sit up in bed. I then, in addition to the syrup, gave him the “*Paste Althæa*.” This treatment was continued for two weeks more, with evident benefit. The fever entirely subsided, as also did the night sweats; his countenance assumed a cheerful aspect, and he evidently was rallying. In order to increase the action of the liver, I now ordered—*R.* Ext. graminis, ext. taraxaci, āā ʒj.; bi-carb. sodæ, ʒij.; aquæ, ʒ viij. *M.* Dose—table spoonful three times a-day. When the bowels became too active, give the above without the soda. His bowels now became regular, the urine free, with an increase of appetite; strength gradually returned, and he was able to sit up in an easy chair, with his feet elevated on another, which was done in consequence of the soles of the feet being so tender as to hinder him from placing them on the carpet, and because he had a strong disposition to œdematous swelling of the feet and legs from debility. For this, I ordered his feet and legs to be rub-

bed frequently during the day with—*R.* *Aquæ ammonia*, ℥ iij. ; alcohol camph., ℥ ss. ; *urias sodæ*, ℥ iij. ; *aqua*, ℥ xxxij. *M.* and filter. Also *R.* *Spts. nit. dulc*—take six drops three times a-day. In order to remove the pains in his chest, I ordered the liniment above to be freely used over that region, and had his feet and legs bandaged from the toes to the knees.

This treatment has been followed out through the case, and it has been so far successful that at first he was able to walk about his room, and when the weather was favorable, to get in and out of a carriage alone, and take an airing. Owing to some imprudence in diet, he was about three weeks ago attacked with an excessive hemorrhage from the hemorrhoidal veins of the rectum, to which he had been subject. This was so excessive that I was fearful that he would sink under it, in consequence of his previous exhausted state ; so I ordered—*R.* *Acetatis plumbi*, gr. xxx. ; *ext. cremaria*, gr. xx. ; *ext. kino*, gr. xx. ; *tr. opii*, ℥ ij. ; *aquæ*, ℥ viij. *M.* A tablespoonful to be taken every two hours till relief was obtained. After the third dose no occasion was had for its further use. I then ordered as a laxative—*R.* *Pulv. rhei*, gr. xv. ; *bi-carb. potassæ*, gr. x. ; *aquæ*, ℥ j. *M.*—and continued the former treatment of the syrup, paste, and solution of the extracts. His cough entirely left him ; he had no pain in the chest, he was free from fever, had a good appetite, and was apparently recovering, when he very imprudently indulged in a hearty dinner of roast duck, roast pigeon, and drank of some new wine made of the Malaga grapes raised on Long Island, which some friend had sent him. This produced such an excitement in his system, as to cause a rush of blood to the head and apoplexy. He had five fits before I saw him. He was relieved by a spontaneous hemorrhage from the nose, and I ordered—*R.* *Ammonia aromatica*, ℥ ss. Six drops to be taken every four hours ; and after reaction had taken place—*R.* *Pulv. jalap*, gr. xv. ; *sup. tart. potassæ*, ℥ j. ; *aquæ*, ℥ ij. *M.* This relieved his head, and then he returned to his old treatment again, and is now as well as before the attack of apoplexy. His appetite is good, stools regular, no pain in the chest, no cough, no fever, and, with the exception of the want of strength, perfectly well. I will report to you any change which may take place, should any occur.

I wish this case published, as it demonstrates the powers of the syrup published in your Journal ; and I hope it may lead my brother practitioners to try it in the cases which come under their charge, where there exists a predisposition to pulmonary consumption, or where ulceration has recently set in.

#### TEMPERATURE AND HEALTH IN MISSOURI.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Knowing that you are anxious to get all the information possible with regard to the medical statistics of our country, I send you a copy from my memorandum book of the range of the thermometer for the months of July, August, and September. You will see that July was



the warmest month we have had, and there was less sickness during that month than either month of the three. August was very rainy, with some intermittent and remittent fevers; but during September the fever prevailed to a great extent, with more sickness during that month than any for the last five years.

July 1, 70 deg.	July 12, 90 deg.	July 23, 81 deg.
" 2, 72	" 13, 90	" 24, 88
" 3, 69	" 14, 90	" 25, 92
" 4, 80	" 15, 91	" 26, 90
" 5, 78	" 16, 86	" 27, 90
" 6, 87	" 17, 82	" 28, 86
" 7, 89	" 18, 78	" 29, 80
" 8, 87	" 19, 74	" 30, 78
" 9, 81	" 20, 70	" 31, 82
" 10, 82	" 21, 79	
" 11, 88	" 22, 78	

Mean temperature of this month, 82 degrees and a large fraction.

Aug. 1, 80 deg.	Aug. 12, 84 deg.	Aug. 23, 84 deg.
" 2, 76	" 13, 74	" 24, 85
" 3, 74	" 14, 76	" 25, 87
" 4, 70	" 15, 78	" 26, 74
" 5, 78	" 16, 92	" 27, 76
" 6, 74	" 17, 74	" 28, 82
" 7, 76	" 18, 74	" 29, 82
" 8, 84	" 19, 75	" 30, 84
" 9, 75	" 20, 80	" 31, 86
" 10, 74	" 21, 78	
" 11, 84	" 22, 80	

Mean temperature for this month, 78 degrees and a fraction. Very wet, with some cases of cholera in the country.

Sept. 1, 88 deg.	Sept. 11, 88 deg.	Sept. 21, 78 deg.
" 2, 90	" 12, 83	" 22, 84
" 3, 88	" 13, 90	" 23, 70
" 4, 89	" 14, 68	" 24, 70
" 5, 90	" 15, 70	" 25, 70
" 6, 88	" 16, 76	" 26, 66
" 7, 90	" 17, 74	" 27, 63
" 8, 91	" 18, 80	" 28, 63
" 9, 88	" 19, 76	" 29, 68
" 10, 86	" 20, 72	" 30, 76

Mean temperature of September, 80 degrees, and having, during the month, the warmest and coldest day for the three months, with a very great amount of sickness.

Z. T. KNIGHT.

*Monticello, Lewis Co., Mo., Oct. 30, 1851.*

## TREATMENT OF PHTHISIS PULMONALIS.

FROM A CLINICAL LECTURE BY PROF. J. H. BENNETT, OF EDINBURGH.

THE general indications to be followed out in the treatment of phthisis pulmonalis, are, first, to support the general nutrition of the economy—

second, to keep down local irritation—and third, to avoid all those causes which can deteriorate the constitution, on the one hand, and induce pulmonary symptoms on the other. The first indication is to be followed out by cod-liver oil, good diet, exercise, and all those means which are necessary to keep up a vigorous nutrition. The second indication is to be met by counter-irritation, and the third by hygienic regulations, an equable climate, and attending to all those precautions liable to prevent “catching cold.” Could all these indications be carried out, I feel satisfied the cure of phthisis would be more frequent; but in the treatment of this disease the physician has to struggle not only with the deadly nature of the disorder, but with numerous difficulties over which he has no control, such as, among the poorer classes, the impossibility of procuring good diet, and the thousand imprudences not only they, but the majority of cases, are continually committing. Then another great difficulty is, to convince the patient that, notwithstanding the removal of his urgent symptoms, the disease is not cured, and that these will return, if the causes which originally produced them are again allowed to operate. Sometimes I have found it difficult to keep hospital patients in the house when they are doing well, at other times they are sent out in accordance with certain regulations which oblige the admission of more acute cases.

But the great difficulty we have to overcome in this climate, after all, is the frequent variations of temperature, and the sudden changes from fervent heat to chilling cold. Supposing that you have the means of supporting nutrition and keeping down local irritation, it is by no means certain that good will be accomplished, from the impossibility of securing those hygienic regulations and that equable climate, which are necessary to carry out the third indication. In the first place, nutrition itself is more connected with proper exercise and breathing fresh air than many people imagine. It does not merely consist in stimulating the appetite and giving good things to eat. It requires—1st, food in proper quantity and quality—2d, proper digestion—3d, healthy formation of blood—4th, a certain exchange between the blood and the external air on the one hand, and between the blood and the tissues on the other—and 5th, it requires that there should be proper excretion, that is, separation of what has performed its allotted function and become useless. *All* these processes are necessary for nutrition, and not one or more of them—they are all essentially connected with, and dependent on, one another; for supposing that we can procure everything but pure and balmy air, still if that be deficient, the great problem of the cure of consumption cannot be worked out.

Now, it has been proposed that the Crystal Palace should remain, and be converted into a winter garden and public promenade. Not to speak of the intellectual and recreative purposes that such a plan would subserve, it is worthy of our consideration how far it would tend to promote health in general, but especially how it would conduce to the cure of phthisis. Its great advantage would be offering the means of exercise in a pure atmosphere, at an equable temperature. It is easy for us, by confining patients in a suite of rooms in which the heat is regu-

lated, to secure immunity from cold and change of air; but such a contrivance is most intolerable to the patient, the mind becomes peevish, which in itself is a powerful obstacle to the proper performance of the digestive functions. But above all, the body is deprived of exercise—that necessary stimulus to the appetite, respiration, and other functions. Some years ago, I succeeded in confining a consumptive patient to his room for an entire winter. His spirits suffered greatly; but on the whole he supported the imprisonment with resolution. Next winter, however, nothing could induce him to remain at home, and one day he rushed out of the house, ascended Arthur Seat, and was much better in consequence. Since then I have been convinced that, although by confinement you may gain some advantages, on the whole it is a prejudicial practice if rigorously carried out.

What is required in these cases is the means of exercise, whether on foot, on horseback, or in a carriage, where the patient is protected from cold winds, and where the mind can be amused by pleasant sights and cheerful conversation. Such is the case in all those favored localities considered best for consumptive people, and such would be the advantages derived from converting the vast enclosure of the Crystal Palace into a winter garden and promenade. Delicate individuals could be transported, by means of a close carriage, in the worst seasons, without difficulty to such a place, and on entering it could breathe for hours a pure, balmy air, meet their friends, take exercise in various ways, read, work, or otherwise amuse themselves. Such an out-door means of recreation, combined with careful hygienic regulations at home, would go far to remove many of the difficulties which we have to encounter in the ordinary treatment of consumption. So great would be the boon to the community, that, once established in London, we should soon see similar buildings in all the large cities of the kingdom. Indeed, the advantages are so obvious, that already the new hospital for consumption, erecting in Victoria Park, London, has procured the services of Mr. Paxton, to design for them an enormous green-house, or sanatorium, which is to form a part of the institution. It has also been suggested that some of the public squares in London should be covered in with glass for a like purpose, and I need not say how readily this plan could be carried out in Edinburgh.

All those interested in the health of the community, and in the successful treatment of the most common and fatal disease in this country, phthisis pulmonalis, must regard with great anxiety the question now agitating with regard to the permanency of the Crystal Palace. If, unfortunately, it should be removed, a great national means of cure will be cut off from our resources; whereas, if allowed to remain, I cannot but regard it as the commencement of a new series of sanitary improvements, which will go far to mitigate many of the evils which the nature of this climate produces in pulmonary cases.—*Edinburgh Monthly Journal of Medical Science*.

[The above suggestion in regard to covering with glass a public promenade or square in each large city, and reserving it as a sanatorium for invalids, is worthy the attention of every community.]



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, NOVEMBER 19, 1851.
 

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*Increase of Pauperism in Boston.*—From the Journal of the Society for the Prevention of Pauperism in Boston, the astounding fact is made known, that, while the native poor in Boston have decreased during the last five years about 37 per cent., foreign paupers amongst us have increased about 150 per cent. The citizens were taxed, in 1850, for expenses of supporting or relieving paupers, \$111,905, while the disbursements by the overseers of the poor during the year were \$30,200. The whole number of poor Irish attended by the physicians of the Dispensary the last year, ending Sept. 30th, was 2,277, besides 949 children of Irish parents. Since 1845, there has been a diminution of American population in Boston, of 1,755 persons;—while within the same period there has been an accession of 26,177 foreigners. The pauperism of Boston is thus due to importation. It is lamentable that the bulk of foreigners who are quartered upon the charitable institutions of the city, cannot be persuaded to go west, where there is land enough, and where their prospects would certainly improve. While they cling to our city almshouses, there is neither hope for themselves or their posterity. Deer Island and the Boston House of Industry are feeding and clothing many able-bodied men and women, who could as well labor as those who are taxed to support them.

The Society above named is doing much good by its efforts. It recommends the adoption of a new system, which if adopted would prevent much of the imposition now practised by unworthy applicants for relief, and secure assistance more efficiently to the deserving poor. Its main features are embraced in the following extract.

“Let there be one society, which will undertake to attend to all applicants for relief, and keep a complete registry of all persons assisted. Let this society be formed upon, and strictly carry out, the plans and principles of the ‘New York Association for improving the Condition of the Poor.’ This system is, it is believed, the only effectual one in operation to prevent imposition, and insure to the deserving poor certain and immediate relief. It districts the city, and divides the districts into sections; and each section is under the care of a visiter, who has from fifteen to twenty families under his charge, and all in the same neighborhood, so that he can visit the whole of them in a short time. In whatever part of the city an applicant applies for relief, he is, by means of a pocket directory, which shows the name and residence of every visiter, and the section under his care, and by means of printed blank tickets furnished by the association, directed to the visiter of the section in which the applicant resides; and he can get relief from no other.”

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*New Treatment for Smallpox.*—Perhaps the following article, cut from the American Journal of Homœopathy, may be considered by some as useful as it is new; but most medical practitioners will be astonished that such nonsense can have advocates.

“*Vaccine virus*, when triturated in sugar of milk to the third potency, has been found efficacious in some cases of *smallpox*.”

A gentleman, belonging to Boston, died at Calcutta about a year since,

under the following circumstances. His cook had recovered from smallpox, and while a few scabs were adhering to his fingers, washed a mess of rice in warm water—stirring the mass with the bare hand. Soon after, being boiled, the rice was served with other articles for dinner. The gentleman partook of it and immediately sickened, and the second day began to swell, while the skin assumed a bluish tinge that quite perplexed the medical attendants. Such was the fetor of his breath, that it required some fortitude to remain long in the apartment with him. On the fourth day, we believe, the powers of the system gave way, and he died of a disease unlike any other known to the profession of Calcutta. The swollen condition of the body, the ulcerations of the mouth and throat, the pain, and the offensive character of the exhalations of the unfortunate man, excited the astonishment of all who witnessed his sufferings. The impression was general, that death resulted from having taken a small amount of smallpox virus into the stomach, that had come from the cook and adhered to the rice. If smallpox and kine pock are identical, as some erudite authors contend, disastrous consequences would be likely to follow the internal administration of either.

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*Army Meteorological Register.*—Dr. Lawson, U. S. Surgeon General, has placed us under obligations by forwarding the Meteorological Register for twelve years—from 1831 to 1842—compiled from observations made by the officers of the medical department of the army, at the military posts of the United States. It is a closely printed volume of 324 pages, comprising tables of the temperature, wind, rain, snow, fair weather, sunshine and clouds, in endless minuteness, and may therefore be of incalculable service to a particular class of students. “The department,” says the Surgeon General, “has made no attempt to deduce any results from the mass of facts it has accumulated—it offers the collection of materials to those interested in the progress of meteorology.”

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*Philadelphia College of Physicians.*—By some mishap, the last published quarterly transactions were mislaid—but it is not too late to comment on the labors of the college. The second paper, by Dr. Ruschenberger, on epidemics and meteorology, abounds in figures, and is very instructive to those who are fond of them; but rather too monotonous for most readers. Dr. Warrington’s case of a double monster is extraordinary. Dr. Parrish always has something instructive. His article on mortality and insanity in the separate plan prisons, in England and America, should be placed in the hands of legislators. The author apologized to the college for the length of his communication, but it was quite unnecessary, for he was deserving of a special vote of thanks. It is an important article. Dr. Meigs’s mechanical assistant, for ruptured urethra of females, and an instrument for retroverted uterus, show the value of experience and ingenuity combined. The observations by Dr. Meigs, which are conversational in character, are instructive. Dr. Hays and Dr. Pepper contributed cases highly interesting and suggestive. We have always regarded this periodical as a valuable, instructive publication.

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*Dunglison’s Medical Lexicon.*—Messrs. Blanchard & Lea, Philadelphia, have published the *eighth edition* of this universally known medical dic-

tionary. Very few medical authors are gratified by such evidence of popularity—and we heartily congratulate the fortunate author on his success. It is unquestionably the best dictionary extant, as it embraces all the terms known in medical and surgical science, without being prolix and cumbersome. In this edition, Dr. Dunglison assures the profession that he has added about *four thousand terms*, not found in the last—and consequently the work is to that extent improved. We felt that even the first edition was a valuable aid; but the revisions which each successive edition has undergone, make the eighth a very copious and indispensable library assistant. Copies should be placed by the publishers in the vicinity of all the medical schools in the United States, for the demand will be active, we apprehend, for an improved edition of a work so well known.

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*Health of Natchez.*—Dr. C. S. Magoun, of Natchez, Mi., writes to us as follows, respecting the health of that place. His letter is dated October 27, 1851. It contains—as does also the one from Dr. Knight, on another page—a kind of information which we are always glad to receive from subscribers.

“The health of our city has been uniformly good, thus far, during the present year—not a single case of yellow fever or cholera. The total deaths reported of cholera since the disease reached this section of the country, amounts to only 23—a very small number, and showing that we have been highly favored. By a recent list of deaths made out for the last eleven years (embracing the hospital deaths of non-residents), the average annual mortality only amounts to a small portion over three per cent. The per cent. of mortality for all descriptions of fevers is about eleven per cent., and from consumption ten per cent. We regard this locality as eminently favorable to all pulmonary diseases, and especially to those of consumptive habits, emigrating from a colder to a warmer climate.”

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*Lithiasis in Russia.*—We learn from the Edinburgh Journal of Medicine, that at a recent meeting of the Swedish Medical Society, Dr. Grähs communicated the following notice regarding the prevalence of lithiasis in Russia. It would seem that calculous affections are much more common in that country than among us—more so even than in our south-western States, where they are supposed particularly to abound. Some of the Russian surgeons consequently have an extensive practice in lithotomy, their operations being much more numerous than those of Prof. Dudley, of Lexington, whose cases in the beginning of 1846 amounted to 185. It is thought that in this country urinary calculi are principally formed in limestone districts, the impregnation of the water with lime in those places being probably the cause. The following is Dr. Grähs's report.

“Lithiasis, and especially stone in the bladder, is a very common disease in Russia, and particularly in Moscow. It is not there, as with us, chiefly an affection which prevails among those advanced in years, and of the so-called better classes, or among children of the lower ranks, but it occurs in every station, and at all ages, especially among the middle classes, the peasants and the commonalty. Of the causes which conduce to this prevalence, much has been both said and written. Many believe that the affection arises from the quantity of quass which is consumed. (Quass is a liquor which, in its properties, has some resemblance to French



cider, and is prepared from barley, black bread, spices, &c., being used as generally as our small-beer.) In all probability, however, the cause is to be looked for in the qualities of the water, and in peculiarities of climate.

"The most ordinary operative treatment is by lithotomy. In former times this operation was practised in Russia, as in other countries, by persons who rendered it an exclusive occupation, and whose art descended as a heritage in certain families, among which that of Benedictoff was particularly distinguished. At a more recent period, especially since the commencement of the present century, the duty was assumed by the regular faculty, and the method which was almost exclusively adopted, and is still employed by them, was the lateral section after the manner of Frère Come, with the *lithotome caché*. Amongst the surgeons now living in Moscow, who have performed the greatest number of operations of lithotomy, are Alphonsky, of the Foundling Hospital, who has had the good fortune to have operated forty-seven times in a single year, with the death of only a single patient; and Prof. Pohl, of the Catherine's Hospital, who has operated on not fewer than 1100 occasions. Assow, a pupil of Alphonsky, published in 1841 a dissertation on this subject, in which he has collated 3000 operations for the stone, performed since 1807, partly in Moscow and partly in Smolensk. Of these there occurred (from 1808 to 1837) 1471 in the Mary's Hospital at Moscow alone, regarding which a separate report has been published in Russian, which the reporter now presents to the society."

*Boylston Medical Society of Harvard University.*—At a regular meeting of the Boylston Medical Society of Harvard University, held November 15th, at the Mass. General Hospital, the following gentlemen were elected its officers for the ensuing year. Dr. Samuel Cabot, *Pres't*; John E. Hathaway, *V. Pres't*; H. R. Storer, *Sec'y*. Drs. Ware, Hayward, Shattuck, Homans, Bigelow, Jackson and Adams, *Trustees of its Fund*. Drs. Gould, Gordon, H. J. Bigelow, Parkman and J. M. Warren, *Committee on Prize Dissertations*.  
HORATIO R. STORER, *Sec'y*.

*Institution for Idiots.*—This important institution, located at South Boston, to which reference was made in last week's Journal, is about to lose the services of James B. Richards, Esq., who we understand has had the sole management of teaching in it since its commencement. He has resigned his office as superintendent, and is soon to open a private establishment of a similar character in Philadelphia.

**MARRIED.**—Dr. L. W. Wilkins, of Hancock, N. H., to Miss E. Wakefield.—At Salem, Mass., Dr. Geo. B. Loring to Miss M. T. Pickman.—Dr. Henry Plummer, of North Carolina, to Miss M. A. M. Jaquith.

**DIED.**—At Aurora, Ill., Oct. 17, 1851, N. Hurd, M.D., Prof. of Anatomy in the Medical Department of the University of Iowa. A memoir of the deceased, by Prof. G. W. Richard, will be furnished for the Journal at an early date.—At Blanford, Ms., Dr. Nathan Blair, 75.—At New York, Granville Sharp Pattison, M.D., Prof. of Anatomy in the University of New York.—At New York, John Kearney Rodgers, M.D., one of the surgeons of the New York Hospital.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 15th, 69.—Males, 35—females, 34. Accidental, 1—apoplexy, 1—burn, 1—congestion of brain, 1—inflammation of brain, 1—bronchitis, 1—consumption, 19—convulsions, 1—cancer, 2—croup, 1—delirium tremens, 1—dysentery, 1—debility, 2—diarrhoea, 2—drowned, 1—dropsy of brain, 7—typhoid fever, 6—lung fever, 5—hooping cough, 1—disease of heart, 1—infantile, 7—marasmus, 2—teething, 2—unknown, 2.

Under 5 years, 32—between 5 and 20 years, 3—between 20 and 40 years, 16—between 40 and 60 years, 15—over 60 years, 3. Americans, 22; foreigners and children of foreigners, 47. The above includes 9 deaths at the City Institutions.

*Old Age.*—Many of the noblest efforts have been produced after the age of 50. Bacon published his “*Novum Organon*” at 59; Newton was 73 when he solved the problem of the trajectories in one evening; Milton was 59 when “*Paradise Lost*” was published; Locke published his great work at 53; Johnson wrote *Rasselas* at 50, his “*Lives of the Poets*” at 66, and his conversations, preserved by Boswell, show how active and unimpaired his mind was at 70; Wordsworth’s mind does not appear to have been materially impaired at 80; at the very moment I am now writing (March, 1851,) the advice of the Duke of Wellington, past four-score, has been called for by Her Majesty, in great perplexity with the difficulty of forming an administration.—BEALE *on the Laws of Health*.

*Balloon Descent at a Lunatic Asylum.*—The veteran Green, having made his 485th ascent from Vauxhall-gardens, in the Nassau balloon, on Monday evening, accompanied by a party of gentlemen, effected a safe descent on the lawn in front of the Surrey County Lunatic Asylum. Many of the patients, who were enjoying their evening amusements, immediately assisted him in securing the balloon, and rendering him the required assistance. It being the intention of the company, which consisted of a party of military officers, again to embark at dawn of day on an aerial voyage, the descent was accomplished with scarcely any loss of gas. Balloon ascents being now of so frequent occurrence, they scarcely deserve any notice in a public journal, but it is with much pleasure that we record this, being a practical illustration of the great improvement which has been effected by Dr. Conolly, and others following his humane views, in the treatment of the insane in this country. Here a large number of afflicted persons immediately rendered the required assistance; and, although the extensive grounds soon became visited by neighbors from all directions, with whom they mixed, they cheerfully returned to the wards of the building, without any mischievous excitement from the event. Mr. Green and his friends having been received and made welcome by Dr. Diamond, they again ascended early in the morning, Mr. Green observing, it had never been his lot to alight in a more suitable or cheerful spot; his companions, some of whom had travelled much in foreign countries, expressing in very strong language the “immense humanity” now here displayed in the treatment of lunatics compared to similar establishments they had visited.—*London Times*, Sept. 10.

*Yeast in Malignant Scarlet Fever.* By T. S. BELL, M.D., Louisville, Ky.—The use of yeast in low forms of fever, dysentery, &c., has been commended several times in this Journal. It is, in its proper place, an invaluable remedy. In the “*Medical Gazette*,” Jan. 10, 1851, Mr. Bennett, of Gateshead, says:—“After ammonia, the mineral acids, chlorate of potash, &c., have failed, and the application of nitrate of silver besides, one or two tablespoonfuls of fresh yeast *frequently given* (according to the age and malignancy of the case) has, in my practice at least, been quickly efficacious as an antiseptic and stimulant.” Many years ago, the writer saw this remedial agent described in an old English magazine, by an Episcopal clergyman, in its remarkable efficacy in a typhus epidemic that had been very fatal up to the time the yeast was tried. The good effects were at once remarkable, and I have seen them abundantly confirmed in a great variety of cases, in the past few years.—*Western Medical Jour.*

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CHOLERA INFANTUM.

BY A. I. CUMMINGS, M.D., ROXBURY, MS.

[Communicated for the Boston Medical and Surgical Journal.]

OF all the diseases to which children, and especially infants, are liable, particularly in summer and the first months of autumn, cholera is by far the most fatal. It has been truly said that this disease is indigenous to the United States, as it has not been described in many, if any recent works of foreign authors. Even the late work of Dr. West, on the Diseases of Children, though excellent in all other respects, contains no history of cholera infantum as it is seen by every practitioner daily, especially in our New England cities. But so extensive and frequent has this disease become among us, as to demand every attention that can be given to it by the profession. It is the scourge of childhood.

Among the *causes* of cholera infantum, in my humble opinion there is none more conducive to its devastations than *over-feeding*. The anxious mother seeing her child laboring under other predisposing causes, and perhaps weak and feeble, imagines the "dear little thing" needs more nourishment, and consequently she is never satisfied unless when loading the already weak stomach of her darling with some nice preparation to "give it strength," not realizing that she is to see her kind and unwearied endeavors, and anxious solicitude, rewarded only by a fearful and often fatal disease! She does not realize that she is killing her child with kindness! The effect of heat, sudden changes in the temperature of the atmosphere from wet to dry, and the reverse, together with another powerfully exciting as well as predisposing cause, *dentition*, are all at work preparing for the attack of cholera, and smothering the vital powers so as to render the system in the most favorable position for the onslaught of disease. Not unfrequently for some length of time the little patient is fretful and irritable before the disease appears in its worst form. Or, the child may have diarrhœa to even an alarming extent, and still the fond parent "hopes it will go off soon," or charges it to *teething*. She has seen many other children who had diarrhœa while teething, and yet they "got well." But disease is hourly making fatal inroads upon the vitality of the child, and the storm is gathering and near at hand that will in its fury destroy the tender flower, however



fondly it may be cherished ! In this, as well as in other diseases of a fatal character, *prevention* is all-important—infinately more sure than any specific. I have said the disease is often insidious ; behind the scene, however, lurks the destroyer ! Infantile cholera may come on suddenly, with vomiting, purging, and all the other symptoms of the disease, or it may supervene on an attack of simple diarrhœa, when some exciting cause rouses the destroyer to action. Usually the irritability of the stomach, producing vomiting of everything taken, is one of the most difficult symptoms to treat, and stands in the way of all efficient medication. The least particle of medicine or anything else, thrown upon the stomach, is immediately rejected. Meantime repeated discharges are often ejected from the bowels, sometimes with a force and velocity truly astonishing. The discharges at first may be yellow, or of a greenish appearance, but they soon become small in quantity, colorless, inodorous, and thin or containing minute mucous flocculi. In children of 2 or 3 years old, the green stools may retain their appearance for some length of time ; but in infants it is otherwise. There is usually but little tormina or tenesmus at first, so far as we can judge by appearances, but when the bowels become corroded, as it were, and the delicate mucous membrane irritated extensively, or destroyed in the rectum at least, then there is undoubtedly severe suffering, if we may judge by our knowledge of adult cases.

The *countenance* of the child laboring under cholera is peculiar, and resembles so nearly that of its prototype in the adult, true cholera, as seldom to be mistaken. The peculiar pinched, haggard, cadaverous look of the child is almost always present, especially in the last stages, and may be considered with propriety as almost pathognomonic of the disease. Indeed, the practitioner will seldom be long in forming his diagnosis when he sees the peculiar countenance. The low, agonizing moan of the child tells but too plainly that disease has gained a fast foothold upon its tender subject, and that its sinking vital powers cannot long survive the shock. The prognosis is *always unfavorable* after the disease has made any considerable progress. The great proportion of fatal cases in this disease assures us but too plainly how little power the healing art has, to allay the symptoms and successfully combat and counteract their dire effects. Inordinate thirst harasses the little patient incessantly, and yet, the moment any liquid is taken it is rejected by the irritable stomach and thrown off. Fever, and a quick pulse, the abdomen tense, the body becoming rapidly and extremely emaciated, the eyes glassy and sunken, the head hot, and extremities not unfrequently cold—these, with other symptoms, assure us that *something must be done* and that *speedily*, or our little patient will die. Towards the last he becomes drowsy, with his eyes half closed or rolled upward in their sockets, and we are assured that the brain is becoming involved, and in a short time convulsions or torpor and coma come on, and death closes the scene. In many cases the child dies from inanition. Towards the termination of the disease the child often suffers from retention of urine ; and may not a want of action in the kidneys have something to do in producing coma, as in the case of adults ?

I have said that something must be done, and that speedily, or it will be of no avail. What, then, is the best *treatment* of the disease? As cholera in the adult is the “*opprobrium medicorum*,” since no plan of treatment ever devised by the faculty has answered the great *desideratum*, so it is in this disease a fact, that medicine has been of but little avail, except in the commencement of the attack. It becomes necessary, first, to devise some plan to *check the vomiting*. To this end various means have been resorted to. A few drops of spts. terebinth., acet. plumbi in solution, camphor in solution, with æth. sulph., tr. opii in drop doses, cold coffee, clear—brandy in very small doses, blisters to the epigastrium, fractions of a grain of calomel, often repeated, leeches to the epigastrium, sinapisms to epigastrium, &c. &c.—all these, and other means that may occur to the practitioner, may be useful in different cases. My chief dependence is in drop doses or less of tinct. opii, leeches to the epigastrium, or sinapisms to epigastrium, with a few drops of pure brandy, repeated *pro re nata*. Lime water or some other alkaline preparation is necessary when there is acidity of the stomach producing green stools. The mist. carb. calcis, combined with tr. rhei dulc. in equal proportions, answers this indication. When there is much heat and febrile excitement, sponging the body with tepid water, or the warm bath used with prudence, are beneficial; but the warm bath is a most powerful engine of mischief when carried to too great an extent. It depletes the vital powers too rapidly to make its application very safe in cases of infants. If the gums are inflamed and swollen, scarification is necessary; and if the teeth are pressing hard, they should be let through by the faithful use of the gum-lancet. This is an important point, and should never be neglected; for if so, fearful results may follow. If the abdomen is swollen or tense, fomentations of hops or bitter herbs may be found useful; but they should not be permitted to become cold, for if they do, the effect may be deleterious. I prefer in most cases the application of warm flannels, or the camphorated oil rubbed gently over the surface of the abdomen. The patient must be kept warm and comfortable, and cold air excluded as much as possible, lest a sudden chill should prevent the success of our remedies.

To arrest the discharges from the bowels, and give tone to the system, is now the great *desideratum*. To accomplish this, many articles of our extensive and valuable *materia medica* have been put in requisition. Among these articles, *calomel* stands at the head, with very many excellent physicians. But I confess I, for one, have not so strong faith in its infallibility as I had even a few years ago. I have seen it given, and given it myself, when it answered a valuable and I believe saving purpose; but I have oftener been dissatisfied with its use. Whenever I *do* give mercury in any form to children in this disease, I prefer the hydr. cum creta in small doses. My chief dependence, I confess, especially in the later stages, are brandy as a stimulant, tannin as an astringent, and a powder of ext. hyos. and calc. magnes. (equal parts) in grain doses, repeated according to circumstances, as a sedative and antacid. The acet. plumbi I also value highly as an astringent. Spts. nit. dulc., mist. camph. and liq. acet. ammonia, I also value where the fever is

high, skin hot, and urine small in quantity, high colored, or completely suppressed. Brandy (that is free from acid) may be given in doses of a few drops, four or five to ten, according to age, and as often as is necessary. The following I have found generally useful. R. Tannin, ip. et op. pulv., āā gr. xij. ; calc. magnes, 3 ss. M. Ft. chart. no. xij. One every three or four hours. Or—R. Acet. plumbi, pulv. hyos. et magnes,\* sacch. alb., āā gr. xij. M. Ft. chart. no. xij. One as above. If it is desirable to exhibit these articles in a fluid form, we may give the following—R. Tannin, gr. xvj. ; tr. op. camph., gtt. xlvij. ; mucil. acaciæ, 3 jss. ; syr. ulmi, 3 ss. M. This may be given in teaspoonful doses to a child of 1 year old and upwards, as often as is necessary to stop the frequency of the discharges, and induce rest. The child, if nursing, should be suffered to draw but small quantities at once, nor should he be fed with any preparation but sparingly. The best food for a young child is equal parts of milk and water, well boiled and sweetened with white sugar so as to be palatable. To this may be added lime water, if it is necessary to counteract acidity, and it forms a good vehicle for the administration of other remedies. With regard to *blisters* in any diseases of children, I am fearful of mischief when using them. Not long since I saw a most horrid abuse of blisters in the case of a child, and I have no doubt that had it not been for them the child might have lived. Gangrene and sloughing were the results. When applied, it should be only for a few hours at most, and then emollient poultices will be sufficient to raise the vesicles.

But after all that can be said of the treatment of cholera infantum, by far the best plan is to *remove the patient, if in a city, to the country as soon as the first symptoms of the disease appear*. His chance is small in the city at the best, especially in the more densely-populated portions. In the country he will have *pure air* ; pure milk, fresh, and unadulterated with chalk or dirty water ; and there, if in any place, will he recover and regain his health, and cause the tender parents to rejoice in his rescue from an early grave. But with proper care here, and proper nourishment given in small quantities, and *at proper times*, many children are permitted to enjoy good health, however exposed they may be to the contamination of noxious gases, and impure air.

Such is cholera infantum ; and as it seems to increase in violence and in extent every year, especially in our cities, let medical men study its history, and *means of prevention*, as well as its treatment, faithfully disseminate the *truth* in relation thereto, and thus may they confer lasting blessings and receive the gratitude of suffering humanity.

November, 1851.

#### THROAT DISEASES.

[Communicated for the Boston Medical and Surgical Journal.]

**FOLLICULITIS.**—This disease made its appearance in this country, so far as is known, in 1830, and the attention of the profession was first

\* Ext. hyosciami and calc. magnes., āā one ounce or more, and mix well.



drawn to it, as a *distinct disease*, in 1832. Some have supposed its origin to have had a hidden connection with the epidemic influenza, which spread over the civilized world in 1830; but this is only conjecture. In its early developments, it attracted notice chiefly by its visitations upon the throats of the clergy. Hence its popular name of "*clergyman's sore throat*." It was soon found, however, to attack all classes of persons, whether engaged in any calling requiring a public exercise of the voice or otherwise. It was more noticed by public speakers and singers, by reason of the greater trouble it gave them.

The disease consists simply in a chronic inflammation of the mucous follicles or glands connected with the mucous membrane which lines the pharynx, larynx, trachea, &c. The office of these little glands is to secrete a fluid to lubricate the air-passages. When inflamed, it spreads an acrid, irritating fluid over surrounding parts, and excites an inflammation in them. This, if not arrested, ends in ulceration; the expectoration becomes puriform and undistinguishable from that of consumption, and the patient dies with all the symptoms of phthisis. Indeed, before its nature was understood by the profession, it was thought the most fatal form of consumption, because it could be affected only to a very small degree, if at all, by medicines taken into the general system.

When disease lays hold of those follicles in the larynx which supply a fluid for lubricating the vocal cords, and the secretion conducted to those instruments of speech is acrid and irritating, the voice becomes hoarse; and when at length the ulceration reaches the vocal ligaments themselves, the voice suffers a gradual, and finally a total extinction. I have treated a large number suffering entire loss of voice, and am happy to say it has been restored in every instance.

The approach of this disease is often so gradual as hardly to attract notice—sometimes for months or even years giving no other evidence of its presence than the annoyance of something in the throat to be swallowed or hawked up, an increased secretion of mucus, and a sense of uneasiness and loss of power in the throat after public speaking, singing, or reading aloud. At length, upon the taking of a cold, the prevalence of an epidemic influenza, or of an unexplained tendency of disease to the air-passages and lungs, the throat of the patient suddenly becomes sore, its secretions increased and more viscid, the voice grows hoarse, the difficulty of speaking is aggravated, and what was only an annoyance, becomes an affliction, and a source of alarm and danger. The disorder clearly belongs to the family of consumption, and needs early attention.

It is amusing to reflect upon the theories which writers were in the habit of constructing, a few years since, to account for the throat affection among the clergy. It was attributed by some to speaking too often, by others to speaking too loud. One class of writers thought it arose from high, stiff neck-stocks; another, from a strain of voice on the Sabbath to which it was not accustomed on other days.

The cause of the disease lies deeper than any of these trifling things. So far as ministers are concerned, it may be expressed in two words—*labor, anxiety*.

The clerical order are placed just where they feel the force of the

high pressure movements of the age. They are the only class of recognized instructors of adult men, and are obliged to make great exertions to meet the wants of their position. The trying circumstances in which they are often placed, too, in these exciting times, by questions which arise and threaten to rupture and destroy their parishes, weigh heavily on their spirits, and greatly depress the vital powers. And when we add to this the fickle state of the public mind, and the shifting, fugitive character of a clergyman's dwelling-place, and the consequent liability to poverty and want to which himself and family are exposed, we have a list of depressing causes powerfully predisposing to any form of disease which may prevail. As we have said, however, it is not the clergy only, but all classes of people who are afflicted with this dangerous malady.

The long and rather awkward name which Dr. Green has given to this disease is, Follicular Disease of the Pharyngo-Laryngeal Membrane. I call it Folliculitis, or, as this term does not describe its seat, follicular laryngitis, or follicular pharyngitis, according to its position.

Through a general lack of acquaintance with this disease, it has been often confounded with bronchitis. But bronchitis is an inflammation of the mucous membrane which lines the bronchial tubes, and of course has no existence except *below* the bifurcation of the trachea. In strictness it is not a throat disease at all.

Folliculitis is also often mistaken for laryngitis. But this latter disease is an inflammation spread over the mucous membrane of the laryngeal cavity. Bronchitis and laryngitis affect *mucous membranes*; folliculitis, the *follicles* of these membranes. Each is a separate disease, and they are easily distinguished by one who understands them. They are often complicated and unite in one subject.

There is yet another form of these chronic diseases, with which many are afflicted. Inflammation sometimes begins behind and a little above the velum palati, in the posterior nares, or back passages to the nose. Thus seated, it generally passes under the name of *catarrh in the head*. It often creates a perpetual *desire to swallow*, and gives the feeling, as patients express it, "as if something were sticking in the upper part of the throat." When the inflammation is of long standing, and ulceration has taken place, puriform matter is secreted, and drops down into the throat, much to the annoyance and discomfort of the patient. Many times the sufferer can only breathe with the mouth open. Upon rising in the morning, a great effort is generally required to clear the head, and the extreme upper part of the throat. Even distressing retching and vomiting are sometimes induced by the effort to clear the back nasal passages. There is occasionally a feeling of great pressure and tightness across the upper part of the nose; and the base of the brain sometimes suffers in such a way as to induce headache, vertigo and confusion. The smell is frequently destroyed, and sometimes the taste.

If the inflammation be in the pharynx or larynx, there is a similar sensation of something in the throat, but the desire is not so much to swallow it as to hawk it up.

Beside these chronic forms of disease, there are a number of acute



inflammations which attack the air-passages, and run a rapid and very dangerous course. Croup is well known as one of them. There is another, which attacks the mucous membrane of the larynx and epiglottis, which reaches also the sub-mucous cellular tissues of these organs, and which often proves fatal in a few hours. The effusion of serum into the epiglottis, in consequence of a high state of inflammation of that cartilage, causes it to stand upright, so that it cannot cover and protect the opening to the larynx; and the lips of the glottis, distended by the same cause, approach each other, thus closing up gradually the passage to the wind-pipe, and threatening immediate suffocation. It was this disease of which Washington died, as we learn from the clear account of the *symptoms* given by his medical attendants, though they mistook the disorder for another, the profession not being then acquainted with it.

*Treatment of Throat Diseases.*—Fifteen years ago, these disorders were thought to be incurable; and by all the appliances of medical art then known, they were so. But time has brought a successful method of treatment, as well as a clearer knowledge of their nature. The honor of first employing such treatment in this country belongs to Dr. Horace Green, Prof. of the Theory and Practice of Medicine in the New York Medical College. It had been previously used by Drs. Trousseau and Belloc, of Paris; but this detracts nothing from Dr. Green's just honors, as he had no knowledge of their discovery—for such it was—until after he had done the same thing on this Continent.

This treatment, as is generally known to the profession, consists in topical medication, or the applying of the remedy directly to the diseased part. The medicinal agent, more extensively used than any other, is a strong solution of nitrate of silver. This substance is not, however, adapted to every case—other articles succeeding better in some few instances. Modern chemistry has given us a variety of articles, from which the skilful physician may select a substitute, should the nitrate of silver fail. This article has, however, proved itself nearly a *specific* for inflammation of mucous membranes, acute or chronic, not connected with a scrofulous or other taint of the system; and where such taints exist, it will generally succeed, if proper constitutional remedies are used.

*Instruments.*—The instrument employed by most physicians is a piece of whalebone, bent at one end, to which is attached a small round piece of sponge. I formerly used this instrument myself, and am happy to know, that notwithstanding its defects, it was generally successful. Yet where the larynx has been highly inflamed, with a swollen and ulcerated condition of the epiglottis and lips of the glottis, I have found the singular powers of the argent. nitratis put at defiance by an irritation evidently produced by the sponge of the probang. Upon its introduction in such cases, the parts contract upon and cling to it, and suffer aggravated irritation, almost laceration, upon its withdrawal, however carefully effected.

A case of this sort occurred to me in the person of a gentleman of great moral and intellectual worth, a teacher of a classical school, to whom I was called in Plymouth county, in August, 1849. He was at



the point of death from starvation, not having been able to swallow anything, not even water, for a number of days. The epiglottis and lips of the glottis were much swollen and deeply ulcerated, and the whole pharyngo-laryngeal membrane involved in a high state of inflammation. The first two applications of the nitro-argentine solution, made to the isthmus of the fauces and pharynx on Saturday evening and Sunday, so far relieved him, that on Monday morning he drank, with a sense of unspeakable satisfaction, a tumbler of cold water. Before I could see him on Wednesday evening, however, he was again sinking, the full activity of the inflammation having returned; and every subsequent attempt to introduce the sponge, and to carry it down to the seat of the disease, caused such irritation as to exhaust the patient. He sank and died, leaving a void in his neighborhood which it will be hard to fill. I feel confident that with the instrument I am about to introduce to the notice of the reader, I could have reached the seat of the disease with so little disturbance of the parts, as to have saved his life.

Such defects in the probang led me to contrive an instrument, which I call a *Laryngeal Shower Syringe*. It is in the form of a syringe, the barrel and piston of which are of glass. To this is attached a small tube, made of silver or gold, long enough to reach and enter the throat, and bent like a probang, with a globe at the end, from a quarter to a third of an inch in diameter, pierced with very minute holes, which cover a zone around the centre, one third of an inch or more in breadth.

This silver globe I daily introduce into highly inflamed and ulcerated larynges, generally without any knowledge of its presence on the part of the patient, until the contained solution is discharged. A single injection throws a *very fine* stream through each of the holes in the globe, and thus all sides of the walls of the trachea are washed at once. Moreover, the smallness and smoothness of the bulb allows of its easy and painless passage through the rima glottidis, so as to bathe the walls of the trachea as low as the bifurcation, and even of the large bronchi. Physicians will understand the advantage of this in the case of ulcers low down in the trachea. They will see its advantage, too, in the case of croup in children, into whose larynges it is not easy to introduce the sponge.

The introduction of this instrument into the larynx is easy. Upon the approach of any foreign substance, the epiglottis instinctively drops down upon the entrance to the larynx, guarding it against improper intrusions. It has been found, however, that when the root of the tongue is firmly depressed, this cartilage cannot obey its instinct, but stands erect, its upper edge generally rising into view. Availing himself of this fact, the surgeon has only to depress the tongue with a spatula, bent at right angles, so that the hand holding it may drop below the chin out of the way, and as the epiglottis rises to view, slip the ball of the instrument over its upper edge, and then, with a quick yet gentle motion, carry it *downward* and *forward* between the lips of the glottis, and the entrance is made. I have often admired the heroic faithfulness of this epiglottic sentinel, who, when overborne by superior force, stands bolt upright, and compels us to enter the sacred temple of speech, *directly over his head!*

This instrument I have used with great satisfaction. A considerable number of physicians, in different States, have procured and are now using it.

For bathing the upper part of the throat, I construct it with a *straight* tube, with holes over the outer portion of the globe, and extending to the centre. This washes instantaneously the fauces and pharynx, without throwing the solution back upon the tongue.

Inflammations in the back passages to the nose, have been almost entirely inaccessible by any reliable healing agent, and consequently incurable. The probang could only reach a short distance, and caused great suffering. I have had this syringe constructed with a short bend, and the globe pierced with a few fine holes at the upper end. Carrying this globe up behind the velum palati, with a single injection I wash both passages clear through. I have had the pleasure of curing a large number of bad cases, of several years' standing, to the surprise and delight of the patients.

Many of these throat affections are connected with functional disturbance of the liver and stomach. In such cases the inflammation of the throat generally refuses to yield until the hepatic and gastric troubles are corrected. Indeed, in a majority of cases, the topical applications need to be accompanied, for the above as well as for other reasons, by a constitutional and alterative treatment.

One word respecting the tonsils. They are chiefly "an aggregated mass of mucous follicles"; and in many follicular diseases they are found enlarged, inflamed, and sometimes indurated. In such cases they secrete a thin, unhealthy, irritating fluid, which is spread over the throat, increasing and perpetuating its disease. Much of this secretion, too, finds its way into the stomach, and thence into the circulation; and I am not sure that many cases of scrofula are not engendered by the poison thus conveyed to the blood. At all events, the throat seldom gets well in such cases, until the tonsils are removed.

For the excision of these glands, I found the same lack of instruments, as for making topical applications to the throat. The only one which had any claims to regard, was the guillotine instrument, invented some years since by Caleb Eddy, Esq., of this city. It had, however, no facilities for drawing the tonsil forward. Generally, all that could be done with it was to *trim* the gland, which did little good, for it became again enlarged. I attached the bull-dog tenaculum to it, with which I have been able to draw the tonsil from between the pillars of the fauces, and cut it through the root, so as effectually to prevent a second growth. As there were still some defects in this instrument, I have prepared an entirely original one, with which the extirpation of these glands is so easy and expeditious, and withal so little to be dreaded by the patient, as to leave, I think, little further to be desired in this line.

As bearing directly upon this subject, I will add, that about three years since, Dr. Chambers, of London, reasoned that if nitrate of silver have a specific influence over inflammations of mucous membranes, it would cure bronchial consumption, and perhaps other forms of that



disease, if it could be got into the lungs. He accordingly made a powder of that article and lycopodium to be breathed into the lungs. His account of it was published in the London Lancet, and has appeared in this Journal.

In August, 1849, I prepared the same powder; and not only in the cure of bronchial consumption, but in the treatment of the *first* and *third* stages of the tubercular form of this disease, I obtain results from it which I can derive from no other article.

I also use lycopodium for preparing powders in the same way, with sulph. of copper, crystals of nitrate of mercury (sometimes useful in secondary syphilitic troubles of the throat), iodide of potassium, &c.

For breathing powders of every kind, I have constructed a neat inhaler, which consists of a glass tube and a receiver—the latter being something like a tube vial, perforated with holes around the lower end. The powder is poured into the receiver, which is placed in the larger tube, and twirled between the thumb and finger while inhaling.

In the bronchial forms of consumption, the local disease is confined to the mucous membranes; and in the tubercular type, the deposit *begins* upon the same tissue. Breathing medicine directly into the lungs is therefore the rational mode of attacking the local disease. The time must soon come when this form of treatment will be universally adopted. The mode of applying it will doubtless be improved, and the articles employed be multiplied. But we are on the right track, and the period may not be distant when this fearful malady, taken in proper season, will be held as curable as chronic diseases of the stomach or liver.

*Boston, Nov. 8, 1851.*

IRA WARREN, M.D.

#### TREATMENT OF DYSENTERY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I notice the subject of dysentery is engaging the attention of your correspondents, and I cheerfully comply with the request to contribute my *mite* towards forming a nucleus, and shall joyfully hail any beacon that will more safely guide me in treating this terrible malady.

I have looked upon this disease as a consequent of hepatic derangement, generally, and have found my treatment more successful when my remedies have been thus directed. Heat and cold perform an important part in this, as in pulmonary difficulties—the liver laboring much harder in summer, and the lungs in winter; consequently we find this disease raging at the close of the warm season, after the liver has become congested by over-exertion. When this has taken place, its function is impaired, if not impeded, and its secretion becomes so morbid as to poison the blood, as evinced by inactive circulation and cutaneous exudation. This, therefore, predisposes the system, or any organ, to take on disease more readily, and from its corroding nature tends directly to inflame the lower bowels in its elementary passage. Putrid exhalation and impure water are also more abundant at this time, and these, combined with the



cool evening breezes of the season, which reduce the external heat rapidly, are the more frequently exciting causes—assisted, also, by crude food, when any has been taken, which is not unfrequently the case.

My treatment has been to give a liberal portion of hydrarg. in some form; and as acid is generally present, I prefer the hydrarg. c. creta, or pulv. hydrarg. c. soda, and follow this in six hours with ol. ric. combined with an opiate according to the amount of tenesmus: thus exciting the liver, and thoroughly but mildly sweeping the alimentary canal. I then give mucilages freely to protect the irritated membrane, and at the same time stimulate externally. I also administer anodynes if tormina is severe, preferring the pulv. ip. comp. if much fever, and a clyster of decoc. op. in starch, cool; and if great heat in rectum, cold. After the inflammatory symptoms have subsided, should the discharges become copious and watery, I prescribe astringents—either plumbi ac. or tannin.

This course has succeeded better in my hands than any other, in the ordinary form of this disease; yet stimulants given almost from commencement would only save from immediate death by prostration, as the disease presented itself here in the fall of 1849.

Yours,

S. B. CHASE, M.D.

Portland, Me., Nov. 17, 1851.

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 256.]

IN mentioning *whatever exhausts organic nervous power*, as one of the physical causes of insanity, I find that I am concurring in opinion with Dr. Henry Monro, who, in a very able treatise recently published, asserts his opinion “that insanity is a disease of deficient nervous tone consequent on loss of vitality.” Insanity is a disordered condition of the brain or mental instrument, manifesting itself in a disturbance of the *intellectual* faculties by what are termed hallucinations, or erroneous impressions or delusions (and designated *intellectual* insanity by the late Dr. Prichard); or a perversion of all the natural feelings, affections and habits, without any assignable cause (which the same author calls *moral* insanity); or an entire absence of reason, in which the mind is more or less annihilated—in other words, *dementia*. The usual divisions are *mania*, *melancholia*, and *idiocy*.

These three deviations from a healthy or normal condition of mind admit of varied divisions and subdivisions, according to the predominant form or character of the disease. The human mind is such a heterogeneous mass of ideas and propensities, that when reason has lost her control, they break forth in various forms and degrees, rendering thereby a lunatic asylum a chaos of ungoverned passions, hallucinations and delusions. Thus, under one roof, we find one man singing, another reciting, another standing apparently absorbed in thought, another melancholy and mute, another walking hurriedly and muttering incoherently to himself, another full of tricks and mischief—all and each of them regardless and unconscious of the absurdity of their deport-

ment, and holding no intercourse with their companions, but each playing a part in the waking dream of his own disordered imagination. You are in a group of wakeful somnambulists: some will answer you if spoken to; others will remain obstinately silent; some will give not only a rational but a shrewd reply. Nor do madmen always lose the power of reasoning; on the contrary, they are frequently most acute, but their *data* are erroneous: they labor under delusions—and their imaginations convert fancies into realities, and so betray the imperfection of their intellect; for, being regardless of censure or ridicule, they have no concealment, and therefore reveal their hallucination, and are kings, or deities, or statesmen, or poets, or anything else that may be prompted by their visionary impression; and it is in vain to attempt by force of argument to controvert the impression. This “tyranny of fancy’s reign” is most vividly portrayed by that transcendent delineator of the human mind, Hogarth, who, in his last painting of the Rake’s Progress, has represented the diversity with painful fidelity.

Can we, then, approach any nearer to a definition of insanity, asks Dr. Conolly (an authority which admits no question and requires no praise) than by saying that it is the “impairment of any one or more of the faculties of the mind, accompanied with, or inducing, a defect in the *comparing* faculty.” These self-styled kings, or statesmen, or whatever be their delusion, are unable to compare their assumed condition with the dress, or the society, or the situation in which they exist. Their reasoning faculty may not be wholly lost, but they are blind to the absurdity of their assumption. Their *data* are erroneous, and what reasoning powers they may possess are exercised on the vision of their imagination. Converse with them on other topics, and they may appear very rational beings; yet in each case there is a diseased state of mind; and this insane belief (arising as it does from a want of power to compare things which *are* with things which *are not*) constitutes their insanity.

Dr. Millingen attended a judge in the West Indies who fancied himself a turtle! This ridiculous impression did not prevent him from sitting on the bench, nor from the fulfilment of his judicial office.

There is no end to the variety or extravagance of delusions in this class of lunatics. A patient now in Mr. Tomkins’s asylum at Witham, in Essex, though he answers rationally when you converse with him, is tortured day and night with the impression that he has little devils in his stomach, and that they talk to him and tease him. He was actually crying with the vexation when I visited him last week, and asked me if I could not hear them. Even Luther fancied the devil was in him, and that he heard him speak. Dr. Ferriday of Manchester, Dr. Elliotson informs us, had a patient who imagined that he had swallowed the devil; and so benevolent was he in his feeling, that he would not discharge the contents of his alimentary canal, lest he should let him loose on the world. Bishop Warburton, in a note to one of his works, speaks of a person who thought he was converted into a goose-pie; and Dr. Arnold saw a man who fancied himself in the family way. Even the celebrated Pascal was the subject of a false delusion, and was so entirely



impressed with the apprehension of being on the edge of a precipice that was before him, that he insisted on being tied into his chair. This was, as Shakspeare forcibly expresses it in *Macbeth*—

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“A false creation  
Proceeding from the heat-oppressed brain.”

Very many highly interesting instances are detailed in Dr. Conolly's “Inquiry into the Indications of Insanity,” all tending to show how persons may be deranged on *one* or more subjects, while the rest of the faculties are sound; or how they may be deranged on *every* subject—in which case they display a wild association of ideas and inconsistencies.

Their *propensities* also break forth in exaggerated disorder, and the depravity of their feelings is often variously manifested, whilst their intellectual faculties are comparatively little affected. They have sudden impulses, and probably destroy their children, or their nearest relations, or their sovereign, and with, perhaps, the best possible intentions. A strong instance of this occurred in the person of Hatfield, and with which I will conclude this catalogue of examples; but it is combined with such an extraordinary instance of memory, that it is deserving of record. The late Mr. Baron Garrow asked me, in the year 1825, to visit Bedlam with him. On entering the hospital, accompanied by Mr. Wright, the resident medical attendant at that time, and hearing from him that Hatfield was still there, and that we should see him, Baron Garrow cautioned us not to mention his name, observing, at the same time, that he was counsel for the prosecution on Hatfield's trial, although from the circumstance of twenty-five years having elapsed, and his never having seen the prisoner either before or since that time (and then, of course, only in his wig and gown), it was not to be expected that he should be recognized. Scarcely, however, had we been three minutes in his apartment, when Hatfield, fixing his fierce eye upon the Judge, asked him if his name was not Garrow? On being answered in the affirmative, Hatfield said, “Then, Sir, I have one favor to ask of you, which is, that as you were instrumental in getting me imprisoned here, you will exert yourself to get me set at liberty!” Garrow then asked him why he had committed this act of high treason on a king who was so highly respected and beloved? To which Hatfield replied, “Because I wished to make a *God* of him!” Many parents have murdered their children from similar infatuations, or to rescue them from a sea of sublunary cares and privations; and the newspapers of the present day have been recently stained with some of these unnatural records.

In very many instances the seat of irritation appears to be in the cerebellum; and all feelings of morality and decorum are prostrated at the shrine of concupiscence. This form of the disease generally leads to a state of futuity, and terminates in epilepsy, convulsions and paralysis. In cases of insanity generally, but perhaps more especially in cases of this character, I have observed a peculiar effluvia to proceed from patients; so much so, that were I to be unconsciously placed where several are congregated, I could at once detect my position. This peculiarity does not appear to be generally noticed by authors, and may



probably be occasioned by the influence of the disordered brain on the secretions, unconnected with any want of cleanliness.

To enter into all the divisions and subdivisions of different authors, in their attempts to classify the various forms in which insanity presents itself, would be a work of supererogation in a lecture, and a tedious occupation of attention and of time. Regnault, in his "*Compétence des Médecins*," says—"Les médecins ont voulu classer les Nuances de la Folie, c'est à dire des choses aussi peu susceptibles d'être classées que les Nuages ! Quel en a été le resultat ? C'est que des mots Grecs ont été substitués à des mots Français, intelligibles pour tout le monde, et des idées contradictoires réunies dans le même mot !" Medical jurists usually class the different forms under the four heads of mania, monomania, dementia, and idiocy. Nevertheless, medical jurisprudence too frequently enters into subtleties which only serve to perplex a jury, who, from never having given their attention to mental pathology, are of course entirely ignorant of its varieties. These distinctions are occasionally required on a cross-examination by a barrister, with a view to obtaining a verdict for his client, by ingeniously upsetting the evidence which has been elicited by the opposite counsel: he endeavors to entangle the medical witness in the snare of *definition*—a Charybdis in which the unhappy victim will in all probability be swamped—"a question which," Dr. Paris observes, "a medical witness is always called upon to answer," it being very difficult to define the invisible line which divides perfect and partial insanity; or he runs him upon the rock of *lucid intervals*.

"To constitute insanity it is not necessary," as Dr. Male says, "to exhibit the ferocity of a wild beast, nor to perform the antics of a buffoon"; *they* speak for themselves. The grand question in a court of law is to decide whether a party be of sufficiently sound mind to manage his property, or (on being tried for murder or other violation of the laws) whether he was conscious of the crime he was committing—whether (in other words) he was in such a state of mind as to render him a responsible agent. The verdict (according to Sir Matthew Hale) "must rest upon circumstances duly to be weighed and considered, both by the judge and jury, lest, on the one side, there be a kind of inhumanity towards the defects of human nature; or, on the other side, too great an indulgence given to great crimes."

That it frequently requires close study, acute perception, great tact and considerable experience, to arrive at a just discrimination, must be admitted by every one. In addition to which, several interviews may be indispensable before a physician can give a satisfactory opinion; for lunatics are extremely cunning. Many have lucid intervals (excepting in a state of utter idiocy or imbecility), and their state of mind varies under different circumstances and positions; so much so that a commissioner would incur a heavy responsibility who should decide a testamentary dispute, or subject a criminal to execution, or even discharge a patient from confinement, without ample previous opportunities of interview and investigation. The physician must adopt his own plans for the attainment of what is required of him, and may bear in mind that which was suggested by Shakspeare in Hamlet:—

—“ Bring me to the test,  
And I the matter will record, which madness  
Would gambol from ”—

a test which Sir Henry Hallford states that he found efficient, and which he instances in his Essay on the subject. Professor Taylor also wisely observes, in speaking of wills made by old persons, where, in consequence of alleged imbecility, some disappointed expectant has disputed the will:—“ If a medical man be present when the will is made, he may easily satisfy himself of the state of mind of the testator, by requiring him to repeat from memory the way in which he has disposed of the bulk of his property. If a dying person cannot do this without prompting or suggestion, there is reason to believe that he has not a sane and disposing mind.”—(p. 660.)

[To be continued.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 26, 1851.

WE would call the attention of our readers to the following circular. Many of them have it in their power to impart information respecting the treatment of hernia, and it is hoped they will not fail in forwarding it as requested. The character and standing of the Committee are a sufficient warrant that such assistance will be so used as to make their report more complete, and therefore more honorable and useful to the Association who appointed them, and to the profession at large.

### *American Medical Association.—Committee on the Radical Cure of Reducible Hernia.*

TO THE MEMBERS OF THE MEDICAL PROFESSION THROUGHOUT THE UNITED STATES.—The undersigned are a Committee of the American Medical Association, to report on “the radical cure of reducible hernia.” They are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important and interesting subject.

They therefore take the liberty of proposing the following questions. An answer to any or all of them, or any facts connected with the branch of surgery on which they are directed to report, would be gratefully received.

1st. Have you been in the practice of treating reducible hernia with a view to its radical cure?

2d. Have you ever performed any surgical operation for this purpose?

3d. If so, please to describe the operation and the mode of performing it.

4th. What proportion of cases, of all in which you have operated, has been cured?

5th. Have any alarming or fatal effects, in any instance, been caused by the operation?

6th. If so, please to describe them.

As the Report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that the answers

to the above questions should be forwarded to any one of the Committee on or before March 1st, 1852.

GEO. HAYWARD,  
J. MASON WARREN, } Committee.  
S. PARKMAN,

P. S.—Editors of Medical Journals and publishers of newspapers, throughout the United States, are respectfully requested to give the above an insertion in their respective Journals.

Boston, November 26th, 1851.

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*Medical Society of North Carolina—Miasmatic Origin of Diseases.*—

Within a few days, a discourse delivered by Charles E. Johnson, M.D., before the Medical Society of North Carolina, at its second anniversary meeting at Raleigh, in May last, has been placed at our disposal and read with much interest. It takes high and novel ground in regard to the current doctrine of the miasmatic origin of disease. It is gratifying to meet with originality of thought, even in cases where the reasoning fails to gain the assent of our judgment. In the pamphlet alluded to, the author, like a skilful angler, keeps moving the hook about, from one point to another, through many pages, so that it is difficult to know what he is after; but all at once he jerks the line, and the unsuspecting reader finds himself hooked to a new theory—or no theory at all, and for the life of us we cannot determine which. It consists mainly of the denial of the generally accredited doctrine that miasm is the direct cause of a numerous list of maladies, including fevers of the most formidable type. Dr. Johnson speaks with a firmness indicative of the possession of as much proof as any controversialist might wish to encounter. With peculiar caution he gives the results of the inquiries of men distinguished for their researches on this subject, and then comes to a conclusion, in these words,—“Such is the view of this subject, which I have thought proper to present for your consideration; and these the facts which the brief space allotted to an address of this kind, has permitted me to bring forward in support of my position. Nevertheless, I believe they will, under the operation of the rule which I have laid down for our government in the study of all questions in physical etiology, the scientific value and applicability of which no one can deny, furnish sufficient evidence to convince us that there is no truth in the *doctrine of the miasmatic origin of diseases.*” Here is heterodoxy, and we shall turn the daring author over to the tender mercies of those who make it their particular business to watch for the safety of old theories. In the meanwhile, if Dr. Johnson will give his own views of the origin of intermittents, he will furnish those who are disposed to question his propositions, with data to reason upon; but as the matter now stands, there is not a single projecting point, not a prominence to hang an argument upon. Smooth as an ivory ball, there is nothing in his doctrine to grasp at, without taking the whole. It is far easier to knock away the ladder by which ascent has been made to an elevated position, than to provide other means of reaching the same height.

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*Beck's Materia Medica.*—A touching act of friendship accompanies the publication of the lectures on Materia Medica and Therapeutics by the late learned and lamented John B. Beck, M.D., a Professor in the University of the State of New York, that will be the brightest page in the life of the editor of the volume, C. E. Gilman, M.D., Dr. Beck's associate pro-



fessor. It appears that Dr. Beck had partly prepared his lectures for the press, but was prevented by death from finishing them. This was a difficult undertaking for any one else, especially one who, like Dr. Gilman, had given his time and attention to other thoughts and a different sphere of professional usefulness. He frankly explains how little he has done, which gives him a higher claim to consideration. The fact is, although furnished with a faultless manuscript as far as it went, no person, without his warm sympathies, would have given it the same finishing tone of excellence. The book is a generous octavo, of five hundred and eighty pages. The arrangement of the various subjects is similar to that of the majority of writers on *Materia Medica*—the natural divisions being those of emetics, cathartics, anthelmintics, sialagogues, &c., which are copiously treated, and in which the current knowledge of the day, pertaining to medicinal agents, gathered from all languages, is spread out before the reader. Dr. Beck was remarkable for his patient investigation, honesty of purpose, and devotion to the interests of the profession. As a memorial of a learned and judicious instructor, these published lectures should be possessed by those who were educated at the school of medicine in which he taught with such eminent ability. And here we perceive the great importance of writing one's thoughts, but above all one's experience. How many physicians go down to the grave, to be there forgotten, who were oracles while living, and whose experience, even when dead, would have benefited the world, had they contributed by their pen, as all are bound to do, something to the accumulating mass of human wisdom. Dr. Beck labored for all coming generations, and his recorded words, and facts, and suggestions, are destined to influence beneficially other minds, even when the particular circumstances of his professorial position are blotted from all memories.

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*Natural History of the Human Species.*—To Messrs. Gould & Lincoln, of this city, are the learned indebted for an American edition of Col. Charles Hamilton Smith's comprehensive work on the *Natural History of the Human Species*, its typical forms, primeval distribution, filiations and migrations. A new feature of the volume, giving it an additional interest, is a preliminary, elaborate abstract of the views of Blumenbach, Prichard, Buchan, Agassiz, and others, on the same subjects, by S. Kneeland, Jr., M.D., of Boston. It is this part of the book that will disturb those philosophers who fully believe that the present globe, with all its teeming wonders, was literally completed in six days of twenty-four hours each; and worse still, for some others, it conveys the idea that we are not all lineal descendants of Adam and Eve. Dr. Kneeland has collated, simply, the opinions of distinguished naturalists, who argue that the different races of men had an independent origin. Leaving the volume here, for the present, we recommend it to the study of all who have an interest in the problem of the natural history of man.

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*History of the Mass. General Hospital.*—N. I. Bowditch, Esq., is the author of one of the best printed volumes that we have seen, relating to the history of the best conducted hospital in the country. Desirable as it would be to many to have it as a constant book of reference, strange to say, it has not been published, and is not to be purchased. The author has concentrated a large amount of statistical facts relative to the progress

of the institution from its incipency to the present moment, when it is strong in resources, and the pride of the city in which it is located. The grand total of all the property bestowed upon the Massachusetts General Hospital, is assumed by the historian to be *one million and a quarter of dollars*.

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*New Medical Works.*—Although each of the following books has been noticed in a manner that shows how much we prize them, this additional notice will refresh the memory of professional readers, in regard to works which will be found serviceable to all. There have been recently published—De La Beche's Geology, Beale on Health, Horner's Anatomy, Malgaigne's Surgery, Carpenter's Elements of Physiology, Dunglison's Medical Dictionary, and MacLise's Surgical Anatomy. They are all from the press of Messrs. Blanchard & Lea, of Philadelphia, whose reputation for bringing out the best of books, and in the best style, is a warranty for their character.

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*Microscopic Preparations.*—Dr. Durkee, of this city, has been eminently successful in the management of that beautiful instrument, the microscope, which gives him peculiar advantages in his researches upon the diseases of the skin. Some of his minute preparations of the textures fully equal the French and German specimens. It gives us much gratification to speak of Dr. Durkee's success in this department of scientific investigation.

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*Bronchial Syringes.*—Dr. Ira Warren is the inventor of several instruments for the application of medicinal remedies to the throat, which are not only quite new in pattern, but beautiful in workmanship. The barrels of each syringe are of glass; but the pipes are of silver, of different lengths and curves, and terminated by small perforated balls. With this construction, any part of the air passages may have the full benefit of solutions, more effectually than by the methods usually practised. The new method of treating bronchitis has been extensively adopted, and if it is to be continued, the probang and other contrivances heretofore resorted to will in many cases be superseded by these ingenious instruments. Those having a curiosity to examine them, are invited to do so, a case being in the possession of the editor for that purpose.

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*Philosophy of Health.*—L. B. Coles, M.D., of Boston, has brought out the *twenty-sixth edition* of a popular little work called the "Philosophy of Health." Such eminent success in authorship is almost unparalleled. It would seem as though the friends of reform not only read, but eat the books, to create such a demand. We intend to search the work through, and discover, if possible, what there is in it that creates such a bibliographical appetite.

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*Life Insurance Explained.*—A bi-monthly, entitled Lectures on Life Insurance, addressed to families, &c., by Moses L. Knapp, M.D., has been commenced at Philadelphia. It would be a great field for exploration, were any one disposed to say all that might be written on this subject.

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*Medical Miscellany.*—Wm. Fontane recently died in Florida, at the age of 105.—Scarlet fever is quite fatal at Alexandria, Va.—The death of a

woman at Montville, Conn., at 102, in perfect health to the last, shows that longevity may occur in our northern climate.—Dr James A. Ogle has been appointed, by the Queen of England Professor of Physic in the University of Oxford, in place of the late Dr. Kidd.—Medical Lectures at Hampden Sydney College have commenced under flattering auspices.—At the University of Virginia 100 students have been matriculated; as many as they desire, under the system of instruction adopted in that institution.—A new medical organization is maturing, of a Society, to meet at Richmond, Virginia, in April next.—Dr. Mandeville Thum is to deliver the address before the Alumni of Hampden Sidney Medical College, in the Spring.—Prof. Agassiz is lecturing on Comparative Anatomy at the Medical College of South Carolina.—The National Medical College, at Washington, has been opened for the season, and a course of medical lectures has also been commenced at the Georgetown (D. C.) College.—An ounce of quinine was given in twelve hours, in a case of congestive fever, to a negro, at Hillsboro' N. C., which, instead of killing, nearly cured him!—Chloroform was given to a bear in a menagerie at Berlin, preparatory to couching one of his blind eyes; when the operation was finished, the huge animal was stone dead.—It has been conjectured that fevers are confined, in England, to districts where blue clay succeeds the chalk formation.—The expressed juice of *nepeta cataria*, common catnip, is strongly recommended as an emmenagogue, given in doses of a tablespoonful, twice a day.—Dr. E. Coolidge Richardson, of Ware, Mass., extirpated a malignant tumor from the breast of a lady in that town, a short time since, that weighed three pounds and one ounce. The patient is prosperously recovering.—A lawyer fell dead lately in a fit of passion, at Richmond, Va.—Dr. Farnham, says the North-Western Med. and Surg. Journal, convicted of conspiracy against the Michigan Central Railroad, and sentenced to the penitentiary, is not a physician. His title arises from the fact that he has been practising dentistry. The man whom the papers style Dr. Fitch, implicated in the same crime, was a farmer, and never laid any claim to, or received the title of, doctor, until after the trial commenced. The only physician indicted was found innocent and set at liberty.—It is said that there are over 200 medical students at the free Medical College of Michigan.

*Suffolk District Medical Society.*—The Monthly Meeting for Medical Improvement of the Suffolk District Medical Society will be held at their rooms, Masonic Temple, on Saturday evening, Nov. 29th, at half past 7.

TO CORRESPONDENTS.—Prof. Bryan's translation from the French, and Dr. Colby's remarks on Dislocations, are on file for publication.

MARRIED,—Dr. John Ellis, of Detroit, Michigan, to Miss S. M. Leonard.

DIED,—In England, John Kidd, M.D., Regius Professor of Medicine, Oxford.—Dr. K. N. Hall, Henrico Co., Va., by suicide.

*Deaths in Boston*—for the week ending Saturday noon, Nov. 22d, 66.—Males, 37—females, 29. Apoplexy, 1—disease of bowels, 1—inflammation of bowels, 1—burn, 1—consumption, 15—convulsions, 1—cholera infantum, 1—cancer, 1—croup, 1—dysentery, 3—diarrhoea, 1—diabetes, 1—dropsy of brain, 3—typhus fever, 4—typhoid fever, 3—scarlet fever, 1—brain fever, 2—lung fever, 6—hooping cough, 1—disease of heart, 1—infantile, 8—marasmus, 1—palsy, 1—purpura, 1—puerperal, 1—rheumatism, 1—scrofula, 1—teething, 1—unknown, 3.

Under 5 years 30—between 5 and 20 years, 6—between 20 and 40 years, 16—between 40 and 60 years, 10—over 60 years, 4. Americans, 30; foreigners and children of foreigners, 36. The above includes 10 deaths at the City Institutions.



*Transactions of the American Medical Association.*—Circular by the Committee of Publication.—SIR: The Committee of Publication respectfully submit to you, as a Member of the American Medical Association, the following statement:—

The whole amount received from the assessment for 1851 has been about six hundred dollars, which, with the balance in the treasury at the last report (four hundred dollars), makes one thousand dollars.

It is estimated that the cost of Vol. IV. will be about seventeen hundred dollars; the expense of printing the Reports being one thousand dollars, and of the Prize Essay, with the necessary illustrations, nearly seven hundred dollars.

This last, which was awarded the prize of one hundred dollars, and which the Association ordered to be published in the Transactions, is a work of great merit, exhibits extensive research, and is illustrated with numerous beautiful drawings, a number of them colored. The publication of this essay will do credit to the Association, and tend to elevate the scientific character of the American Medical Profession. But the Committee are without the means for that purpose, and they appeal to the Association to furnish them. A large number of copies of the three volumes already published remain unsold, and, if the members will complete their sets, and use their influence to extend the sale of these volumes, the required sum may be readily raised.

The Committee call the attention of the Association to the terms upon which the published volumes are now furnished to Members, or to Societies which have been represented in the Association:

Either of the first three volumes separately (in paper covers), \$1 50; a complete set in three volumes (paper covers), \$4 00; a complete set in three volumes (cloth). \$5 00; single copies of vol. iv. (to permanent members), \$2 00; three copies of vol. iv. (to permanent members), \$5 00.

In all cases the amount must be remitted to the Treasurer of the Association, Isaac Hays, M.D., Philadelphia.

Your earliest possible attention to the above is earnestly solicited, to avoid great delay in the publication of the forthcoming volume of the Transactions.

ISAAC HAYS, M.D.,

*Chairman of the Com. of Pub. American Med. Association, and Treasurer.*

*Philadelphia, Aug. 1, 1851.*

*Dysentery at the West.*—The following we extract from a letter from W. H. Martin, M.D., of Rushville, Ind.

"We have had a great deal of dysentery to contend with this season. Many cases were of a severe character, and, strange as it may seem, we have lost but one case. We depended chiefly on opium, and injections of sol. starch, acet. plumbi and thebeaica tinct., assisted by hot straps, made by wringing flannel out of very hot water and then moistening the surface with turpentine. Many of our cases were ushered in by very severe vomiting. We found nothing so prompt in arresting this condition of the stomach as small doses of the proto chlor. mercury, say  $\frac{1}{2}$  grain, exhibited dry and washed down with a mouthful of elm water, every 20 or 30 minutes, according to the severity of the vomiting, and until it ceased. I do not now recollect a case that resisted this treatment; and I know of but one or two that were in the least pyralized."—*North Western Med. and Surgical Journal.*

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PANAMA OR ISTHMUS FEVER.

BY J. J. R. TURNEY, OF FAIRFIELD, ILLINOIS.

THIS disease, so much dreaded by Californians, is as plain and open as many of our malarial fevers; particularly, when the investigations of the practitioner are directed to a miasmatic origin. We are led to believe that Panama fever originates from a modification of the same cause that generates the different forms of intermittent and congestive disease, from a consideration of the locality; from a close inspection of the attending symptoms; and from a careful observation of the curative effects of different remedies.

*First, of the Locality.*—The Isthmus, like all tropical climates, is notable for an intense and prolonged application of heat. The elevation of temperature is such, that were it not for the certain and regular return of periodical rains the land would hardly be habitable. These rains seem to be one of the wise arrangements of an omnipotent Providence; but while a great evil has undoubtedly been avoided by the institution of the seasons of rain, a lesser one appears to have been inflicted. The rains, alternating with the light and heat of a vertical sun, reduce the temperature of air and earth, and cause to spring up the rich vegetation so essential in “the sunny south” to the comfort and happiness of man. But the lovely verdure thus produced, falls by the universal process of decay, and supplies the earth, in turn, with a thick, black, vegetable mould. The rains moisten it, and the sunshine distils the poison. Like the malaria of our rivers, the Isthmus poison seems most likely to affect persons who expose themselves after night fall; and produces different results in different cases, which come properly under the head of—

*Symptoms.*—Sometimes a well-marked chill or cold stage comes on, followed by no great re-action or fever, but attended by much difficulty of respiration and intense pain in the back and bowels. In other cases the cold stage is scarcely perceptible, while the impeded and clogged function of respiration is still well exhibited in the more than anxious countenance. The patient tells you he is burning up and dying of thirst; that his back hurts him; that he feels as if he was smothering, though there is no great pain in his breast. You may examine a patient who is tossing from side to side without cover, and who tells you he is

hot, he can't bear it, and, ten to one, you will find the heat of his surface far below the healthy standard. You will sometimes find another in the heat of the day, with blankets enough tucked in around him to stifle a man in the enjoyment of good health, vowing all the time he's had nothing like a chill since he was taken. Another tells you he had a chill, and that it "turned into bowel complaint" or dysentery. Probably he may inform you that this is about all that ails him. Another informs you he had one light chill, and his bowels have been "costive" ever since. Possibly, too, the patient may have assisted you in the treatment of his case, by taking a half dozen purgative pills, "purely vegetable"—a couple of Seidlitz powders, a spoonful of salts and a large dose of oil. All he needs, according to his own views of practice, is something to relieve his bowels. If I could only have a good operation, says he, I know I would be better.

You find one who has been sick several days. His face looks sharp. His thirst is uncontrollable. His lips are dry and parched, his tongue red at the tip and often fissured. He tells you he has taken medicine, but nothing will operate on his bowels as it should do; that his discharges are too frequent, or else he has no discharges at all. Sometimes you will find him in a good deal of pain, lying on his back with his knees drawn up. Examine his stools, and perhaps you will find they contain mucus streaked liberally with blood. Probably while you are with him he rises to stool, and after straining ineffectually for some time, goes to bed to rise again in a few minutes. He rises again and again, with as little success as at first, and in great agony. He is very restless, and growing more so. His toes are at times cold, but he don't speak of it. In addition to the cases in which arise the symptoms we have mentioned, there are those where we find coldness and blueness of the skin, clammy perspiration, weak pulse or no pulse at all, anxious and sighing respiration, intense lumbar and abdominal pains, great restlessness, urgent thirst, cramps, retching and vomiting. Some of these cases prove rapidly fatal, unless the congestion of internal organs is speedily removed. As this may generally be done, and according to our experience with promptness and certainty, we will not dwell longer on this part of our subject, but proceed as briefly as possible to a consideration of the treatment.

*Treatment.*—Quinine first and last is indispensable, counter-irritation often necessary, and purgatives, somewhat active, *occasionally* beneficial. Notwithstanding the benefit to be obtained from other remedies, they are nearly all adjuvants, or secondary in use to quinine. Purgatives nearly always aggravate the dysenteric symptoms, unless the congestion has first been broken up by quinine; and where intestinal torpor and constipation exist, dose after dose of active purgatives may be exhibited without producing the desired effect. But after a few liberal doses of quinine have been administered, a very mild purgative will generally produce a speedy dislodgment from the bowels, attended by a marked amelioration, and sometimes by an entire removal of all the worst symptoms. If the skin was cold and the respiration impeded and difficult, with pains in the bowels, small and laboring pulse, nausea and ex-



cessive thirst, our plan was to use the warm foot-bath, rendered more stimulating by an addition of cayenne pepper. After rubbing well the feet and legs with a hot flannel, mustard was applied to them, and heated stones placed at the foot-board to secure warmth. A large hot poultice of mustard was next applied over the stomach and bowels, and as soon as the patient spoke of warmth, or complained of pain, or the skin gave signs of approaching redness and irritation, the following was given—*R.* Gum camphor, quinine,  $\text{ãã}$  grs. x. ; sul. morphine, gr.  $\frac{3}{4}$ . This was repeated every hour till four doses had been given, omitting after the first dose the morphine, and substituting in lieu of it two grains of the pulv. ipecac. com. Generally, the patient was soon quiet and comfortable. The skin became more moist, the pulse freer and fuller, and a disposition to sleep was frequently soon manifested. There was nearly always some impairment from the quinine, of the functions of sight and hearing, but the patients were generally too comfortable otherwise, to mention any disturbance without attention was directed to it.

After the congestion was broken up, small doses of the blue mass, or calomel, combined with Dover's powder, and followed, after several portions had been given, by a free dose of castor oil, were sufficient to restore fully the secretions of the skin and liver, and unload amply the intestines. Where extreme irritability of the stomach was present, contra-indicating by its violence, and through the vomiting induced by it, the administration of quinine in the ordinary way ; a large blister was applied, and injections of the sulphate resorted to, during the process of vesication. As soon as the blister was well formed and filled, the quinine injections were suspended, and the blistered surface denuded of its cuticle, and sprinkled liberally with quinine and morphine—one to two drachms of the former and two grains of the latter. The good effect of quinine was as apparent in these cases as in others, though the mode of administering is far more disagreeable, both to physician and patient. Where no sudden danger was likely to arise, but where intestinal congestion evidently existed, and where the condition of the liver and the loaded state of the bowels seemed to demand the alterant and purgative effects of mercurials, we used calomel combined with quinine as follows :—*R.* Quinine, grs. v. ; calomel, grs. iv. ; ipecac., opium,  $\text{ãã}$  gr.  $\frac{1}{2}$ . This was given every two and a half hours till four doses were taken. After the lapse of two hours, castor oil was given, or injections resorted to and continued till free and full evacuation was procured. Much larger doses of quinine were frequently given. Sometimes twenty to thirty grains were administered, and the doses repeated with good effect. During the disease the patients were kept on gum, elm, and barley water. A mild mucilaginous diet was adopted during convalescence. After the congestion was subdued, irritations of the bowels sometimes showed a disposition to be troublesome, but the affection generally gave way before the usual mode of treatment.

This is the main part of our treatment, having excluded from the narration many minor points, which are so familiar to physicians in everyday practice, and so seldom omitted by them, that they scarcely justify insertion. The treatment only substantiates what has often been proved

before: that symptoms viewed alone, are often masked and mislead by being so; that the only safe and scientific plan of practice, is to investigate the cause of disease, analyze the true nature and origin of the symptoms, and then, to make his lancet, his opium, his calomel, his quinine, Sampsons in turn, or in combination, as the causation and condition of each individual case may require.—*Western Lancet*.

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#### ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 355.]

IN cases of murder, the fashionable plea of insanity or monomania is constantly adopted by the counsel for the defence, and in a great majority of instances with success, partly on the score of humanity, and partly in consequence of the prevalent modern antipathy to punishment by death. It is not, of course, my province to enter on a discussion of the validity of this perpetual plea. Each case must rest on the individual facts which appear on the trial. Justice should not, however, succumb to misplaced lenity, or to legal ingenuity; nor should a mawkish consideration for the murderer rescue him from the atonement which the bible authorizes and the legislature demands.

In alluding to the plea of monomania, many persons consider it to be a state in which the mind is perfectly sound except on one particular subject; and this construction would appear occasionally to have been substantiated by cases which have been recorded. The barrier, however, between sanity and insanity is not so entire but that some few breaches may be detected. It is, in fact, only a species of moral insanity; but the erroneous impression on one particular point is so strongly marked, as to throw the general character of the mental alienation in the shade. The mind is concentrated on one object or train of ideas so that the insanity is partial. It manifests itself sometimes in a propensity to theft, sometimes to arson, sometimes to homicide; and the subjection of such a criminal to legal punishment must depend on the general evidence of consciousness of action.

Some persons are only guilty of felony when under the influence of spirituous liquors, and then become dangerous to society. A question naturally presents itself whether such person can be legally detained in an asylum. I have known several instances of this; and a patient is at this time under confinement in one of the asylums of which I am the visiting physician, who attempted to murder his wife, but in whom no evidence of insanity is discernible under the regimen and diet of the institution. A prisoner is now in Chelmsford gaol, and has been there for the last fifteen years, for murder, under the influence of intoxication and passion; and though he was acquitted at the trial, on the ground of insanity, he never evinces it now. If, however, a man, under the influence of ungovernable anger, has either taken, or attempted to take, the life of a fellow creature; or, if prone to intoxication, and when intoxicated, his self-control and reason are not sufficient to restrain him from homicide, public safety demands his confinement. He subjects

himself, when at liberty, to one of the leading physical causes of insanity, and becomes insane, being only sane during the lucid intervals of sobriety. Such subjects, Baron Garrow told me, ought undoubtedly to be under restraint.

To return, however, from this digression on medical jurisprudence, let us take a short view of mental pathology : and here science receives a check, and philosophy is staggered—for whilst extensive necroscopic examinations furnish a vast variety of disease in the encephalon of the lunatic, many instances of confirmed and protracted insanity can be adduced, in which no vestige of disease could be detected, and where all the ravings and distorted features of this fell disease have passed away,

“ And, like the baseless fabric of a vision,  
Left not a wreck behind ! ”

How is this ? Has the perturbed tenant left its cell without injuring its material encasement ? Has the sword lost its edge, and rusted in its scabbard, without the scabbard participating in the ravage of time and circumstance ? What can we say in answer to this query, but that

“ There are more things in heav’n and earth  
Than are dreamt of in our philosophy.”

Amongst the principal diseases of the brain in the subjects of insanity, are—evidence of inflammation and its sequelæ in the tunica arachnoidea and pia mater, viz. : thickenings ; serous infiltration ; and more or less vascularity ; injected state of the brain and its convolutions ; morbid changes both in its cortical and medullary substance, with increased firmness of consistence of both. In others, a softening of the substance ; serum in the lateral ventricles ; changes in the nerves proceeding from the brain ; the bones of the cranium thickened, and harder than is usual, with inequalities in the cranial cavity ; alterations in the structure of the pineal gland and the annular protuberance, &c. Many other appearances have been represented as existing ; for, as has been observed by Esquirol, “ The inspection of bodies of lunatics offers numerous varieties as to situation, number, and kind of morbid appearances. The lesions of the encephalon are, however, neither in relation to the disorders of the mind, nor to the maladies complicated with it. Some lunatics, whose mental and bodily disease had given suspicion of extensive organic lesion, have presented but slight changes of structure in the brain ; whilst others, whose symptoms had been less severe, have been the subjects of great and numerous alterations. But what disconcerts all our theories [he adds] is, that not unfrequently, even in the instance of patients who have passed through all the stages of insanity, and have lived many years under derangement, no organic changes whatever have been traced, either in the brain or its containing membranes.”

Dr. Millingen expresses himself of the same opinion, and still further observes :—“ All the organic lesions found in the insane may be also observed in subjects who have been free from mental alienation ! ”

Dr. Haslam details the morbid appearances on the dissection of 38 cases, in *all* of which there was more or less structural disease. Mr. Lawrence detected the same in 100 consecutive cases that came under



his inspection at Bethlem. Mr. Davison, the house-surgeon at the Lancaster Asylum, after a careful examination of more than 200 patients who died in that Hospital, says that he scarcely met with a single instance in which traces of disease in the brain or its membranes were not evident: the pia mater and the cortical substance were the parts most frequently diseased. Dr. Conolly is, I believe, of the same opinion.

It would be easy to recount an extensive catalogue of anatomists and pathologists who have favored us with the results of their researches, and with their comments and inferences. Martinet appears to have connected the symptoms which have manifested themselves during life with the appearances which have presented after death, as clearly and concisely as most authors.

In cases of insanity consequent on physical causes, such as inebriety, blows on the head, &c., it is most probable that they arise from a greater or less degree of inflammation of the brain or its membranes; and so far I entirely agree with Bayle, to whose authority, from his researches and practical knowledge acquired at the Asylum at Charenton, much respect is due; and that such cases, when early submitted, yield to the treatment, in accordance with his theory, is a strong proof of its correctness. Dumas, Calmeil, Vogel, and other high authorities, entertained similar opinions. Hatfield was acquitted on the plea of insanity referred to a wound in the head, which he received in action. For this reason, when it can be established, in cases of murder or felony, that the culprit has formerly sustained a wound or injury to the brain, an acquittal on the ground of insanity for the most part follows. The well-known consequences of inflammation, which so frequently are observed in post-mortem examinations, such as vascularity, thickening, effusion, &c., corroborate the connection of insanity with what he terms meningitis. But irritation may also produce it in a high degree, and yet leave no visible vestige. We know that excruciating pain attends neuralgia, and yet no organic lesion in the nerve affected is discoverable; and, inasmuch as the nerves are processes of the brain, surely the analogical inference may be admitted.

Functional disorder may exist in any organ without structural lesion; but although anatomy may shed no light, nor reveal its cause, the *existence* of disorder is not to be discredited.

There may be a maniacal *diathesis* as well as a gouty or scrofulous diathesis; and where the disposition is hereditary, this is most probably the case—and then a slight cause will be productive of its manifestation.

Failing to demonstrate the union of insanity solely with cerebral disease, many pathologists sought for elucidation in the viscera; and the præcordia, the intestines, the liver, the spleen, the uterus, &c., have in turn sustained the etiological imputation; and some modern authorities refer it to the vascular system. Pinel himself considered the abdominal viscera mainly implicated, whilst others assign it to the ganglia and sympathetic system.

I have already alluded to the action of gastric irritation; and the fact that hypochondriasis, melancholy, and even suicide, result from the depression contingent on hepatic affections, cannot be doubted or denied.

The frequency of diseased liver in lunatics has been often noticed in the autopsy of such patients ; this may, however, have been sometimes simply the result of that system of intoxication which has terminated in madness, and so extensively induced it.

In treating on lunacy, and inasmuch as its etymology would seem to convey that the moon exercises an influence on the disease, and as the question is frequently mooted, it may not be irrelevant to offer a transient notice of it to your attention. It has certainly been generally admitted that the changes in the weather and in our system are connected with those of the moon—an opinion which, whether true or false, might naturally originate with men who were necessarily most attentive observers of everything associated with lunar changes, when lunar changes were their sole almanac. In an unlettered age they regulated the movements of the shepherd's life ; and whole tribes worshipped this "queen of heaven" with abject veneration, as presiding over every atmospheric phenomenon ; and their opinion of her influence over our earth was probable and natural. That the moon has an effect on the tides of the ocean is undisputed ; and surely it is reasonable to suppose, *à priori*, that an influence so powerful as this must also have an influence over atmospheric changes ; and to this day (whether or not arising from an indirect operation of the moon) changes of weather more frequently are observed to occur at certain lunar periods than at other times. It is ascertained that the mean barometrical pressure attends the first and last quarters, while its extremes accompany the new and full moon. The electroscope also indicates corresponding changes ; and from the observations made by Dr. Allen, of the York Asylum, and subsequently of High Beech, amongst hundreds of insane patients for a series of years, he told me that he arrived at the conviction that an excited and unsettled state of mind prevailed more, on an average, at these times than at any other. Lunar phases are by many thought to influence *epileptic* lunatics, but not to act on cases of mania or dementia. Shakspeare says :—

" Sure, 'tis an error of the moon, that comes  
Nearer unto the earth than she is wont,  
And makes men mad ! "

We spoke (in the first lecture) of the effects of atmospheric electricity on the nervous system—and though I willingly concede that the influence of the moon, through the medium of any change in the mechanical pressure of the atmosphere, is so inconsiderable as not to repay us for the trouble of its investigation, yet even this lunar influence is admitted by the best meteorologists of the day. There are few, however, who give much credit to the influence of the moon on insane patients.

The relative proportion of male and female lunatics is a question which naturally presents itself when the subject of insanity is before us ; but a difference in opinion prevails in this as well as in most things, and the comparative frequency appears to vary in different countries. In Great Britain the proportion gently inclines to males. In France to females. In Germany to males. In London and Middlesex to females.

in the sum total of lunatics in the asylums of various parts of the civilized world, Esquirol calculated 37,825 males, and 38,701 females. The equality is remarkable—but when the causes of respective liability are considered, the balance appears to be equal, for although the nervous susceptibilities of women may subject the softer sex to a greater incursion of moral insanity, the proneness to inebriety in man (acknowledged, as it is, to be so frequent a physical cause) would give them the predominance. Alienation of mind is observed, however, at an earlier age in females, and the uterine functions undoubtedly subject them to a large exclusive additional liability:—they are also more under the influence of superstition, and emotion from different causes; but then their minds are less subject to the ravages of speculation and perplexing pecuniary negotiations, intense thought, and its anxieties. The predominance of the malady in men in *England* may be partly attributable to the women being more soundly and religiously educated, to their being more domestic, and less subjected to the excitements of gaiety and mixed society than in France. On this principle it may be explained why celibacy presents a preponderance of lunatics over persons in married life. When persons are married, *le jeu est fait!* and therefore they are more settled, and exempt from those hopes and fears, those disappointments and anxieties, which are a perpetual source of excitement to the young and single, who have not yet turned over the principal leaf in the book of life. The statistics as to the ages in which insanity prevails (which is from 20 to 40), may moreover be admitted in evidence of the prevalence of passion and emotion as inducive of mania.

It may be difficult, however, to say at what age reason usurps her sway over passion, and subjugates her. Suffice it to observe that few objects are more revolting than “the silver livery of advised age,” so polluted with morbid juvenile propensities.

“Possent ut juvenes visere fervidi  
Multo non sine risu  
Dilapsam in cineres facem.”

This is, however, not an infrequent type of *senile insanity*. As a general rule it may be held that mania in all its forms of excitement appears chiefly in early life, melancholia in middle life, and dementia towards the close: the form of insanity varying much with the respective temperament of the individual, and mostly imbued with the hereditary taint.

Be this as it may, *our passions* may be considered the chief causes of *insanity*, producing stimulating or depressing effects, which act most generally both on our physical functions and our mental faculties. This circumstance explains the extreme rarity before, and the common prevalence of madness after puberty, when our relative social condition exposes us to the influence both of our natural passions and their artificial aberrations. When intensity of thought has brought on incoherence, such a confusion prevails in the mental impressions, that no distinct recollection of former circumstances appears to exist. Hence the fact, that subjects who have been insane from disappointment in their fondest attachments rarely mention the name of the object of their love. When



they do recollect the person's name, and *appear to be grieved* when it is mentioned (however violent their outbreaks may be) we may entertain the most sanguine hopes of recovery. A young man, the only son of his widowed mother, and to whom he was most piously attached, was suddenly restored to sanity on being loudly and abruptly told that his mother was dead! He burst into a flood of tears, was awakened to a sense of his temporary delusion, and reason regained her seat. The sensorium in mania is so susceptible, that violent action may restore sanity or may extinguish vitality; but such sudden terminations are rare occurrences. The duration of it is extremely various. It may remit or intermit, and these durations of excitement constitute what are termed "lucid intervals." The patient appears to be restored, but the ray of light is often transient and fallacious. It is nevertheless cheering to observe the light of reason breaking in upon the benighted mind, evincing, as it does, that though reason may have abdicated her throne for a while, her restoration is not only probable, but at hand.

After a careful consideration, it appears, as Dr. Burrows observes, that the prognosis may be summed up in the following order.

Recovery may be anticipated in proportion to the youth of the patient, and the recentness and comparative mildness of the attack.

The chances of recovery are greatest in the first attacks, and diminish with each subsequent invasion, and with the duration of the disease and advanced age of the patient.

Mania is cured most frequently—next, melancholy and monomania—lastly and the least, dementia and fatuity.

Melancholia is difficult of cure in proportion to the degree of depression—a dread of poverty, of poison, and perverted ideas of religion, indicating an obstinate disease.

Chronic insanity seldom recovers.

Puerperal mania generally.

Insanity with a propensity to suicide is a favorable form, if recent, and coming under early treatment.

Acute dementia is curable—chronic dementia and insanity not so.

Hereditary predisposition protracts and diminishes the chances of recovery, but does not entirely prevent it.

Relapses are, however, more to be expected when it exists.

An amendment of personal appearance attended by improvement in mind, indicates recovery.

When the insane preserve or acquire all their physical functions, and eat and rest well, presenting their usual appearance *without recovering their faculties*, recovery is hopeless.

Insanity caused by excessive study, by the slow operation of moral emotions, or attended by hallucinations, by pride, &c., is seldom cured.

Complications with apoplexy, palsy, and epilepsy, are incurable and fatal.

Men are more liable to relapses than women, and one half of all relapses occur in the first three months after recovery.

[To be continued.]

## REMARKS ON THE CIRCULATION OF THE BLOOD AND NUTRITION,

With a Translation of an Article from the "Comptes Rendus" of October, 1851.

BY JAMES BRYAN, M.D., PROF. OF INSTITUTES AND MEDICAL JURISPRUDENCE IN PHILADELPHIA COLLEGE OF MEDICINE.

[Communicated for the Boston Medical and Surgical Journal.]

I AM convinced that further progress in physiology must come from the animal or vegetable kingdom, as compared with man. Pathology has been well cultivated during the last half century, in the human subject, by Andral, Louis, all the Broussaists, and almost every writer of note, during that period. Pathology *must* go to the lower animals, beginning, perhaps, with the domestic, to extend its boundaries. Who is ready to extend our information, for example, into the region of the diseases of the horse? Hippopathology has received a noble contribution from Percival, of England; who will take the lead in the same subject, this side of the Atlantic?

But to return. Animals and insects must now be the means of advancing our knowledge of the healthy functions of the human system. Dufour has proved, as the French say, incontestably, that the mucus which lines the air passages of insects, plays an important rôle in the functions of these passages. The same thing is doubtless the case in the human subject, both in the air passages and the digesting organs. A very cursory examination of the qualities of healthy mucus, and the conditions under which it is secreted, together with the effects of its premature removal, will show that it is important, if not essential to digestion in all its stages.

The disputed territory connected with the circulation of the blood, that between the radicles of the veins and arteries, independent of the capillaries, must be investigated in the lower order of animals—where nature appears to perform all her dissections, in every possible variety of form, for our special investigation.

M. Emile Blanchard (commission, Dumeril, Flourens, and Milne Edwards) says that it has long been known, that silk worms which eat the broken leaves of madder, produce red or rosy cocoons. [We saw some beautiful moth cocoons yesterday, found among some party-colored worsted, which had every color of the worsted, and the colors appeared to have been arranged by the worm with a view to effect.—J. B.] Those which were fed on indigo leaves, he also says, produced blue cocoons; but no anatomical researches had as yet been instituted on these worms. At the Scientific Congress, held at Genoa, a few years since, Professor Alessandriui, of Bologna, states that he found the tracheæ of worms that had been fed on indigo leaves, of a blue color. He stated the fact without being able to explain it, engaging his colleagues to repeat the experiment. M. Bassi, who was charged with the duty, announced, the following year, that worms which had eaten coloring matters had their tracheæ colored; but that the color was not found in the interior of the air tubes, but between the membranes which constituted their parietes.

"On hearing of these researches, they appeared to me of sufficient importance to be repeated. I therefore took a certain number of cater-

pillars, particularly those of the *Papillon paon*—*de jour* (*Vanessa Io*), and placed them in two boxes, one with the broken leaves of madder and the other with indigo leaves. After continuing this diet for some days, I dissected several of my caterpillars, and was convinced that some presented rosy and others blue tracheæ; the viscera and muscles having preserved their natural color. This corresponded with the experiments of Bassi; but I desired to make them more complete. Many caterpillars have a kind of green blood, or brownish green, which is unfavorable to the observance of the influence of coloring matters, introduced through the organs of digestion. Now, although I do not suppose that the color of the blood of my caterpillars interfered with that observed in the tissues, yet I preferred using those whose blood and tissues are colorless. The larvæ of the *Melolonthes* (*M. vulgaris*) appeared nearest to this condition. Having placed several larvæ in a vessel containing broken-up leaves of indigo, and others in one containing those of madder, I observed, after several days, that the blood of those which were fed on madder was of a rosy tint, but the color was feeble; the digestive fluids had acted less vigorously here on this substance, than in the larvæ of the *Lepidopteres*. While as to those which had eaten indigo leaves, their blood had assumed a marked blueish tint; and this was perfectly visible through the integuments of the insects. Immediately it was observed that the dorsal vessel was filled with blood perfectly blue, and the same color was observed wherever the blood circulated.

“When an insect had been subjected to the indigo regimen for two days only, the blood became blue. This was easily seen where the blood was in abundance, as in the abdominal cavity or in the great dorsal vessel; but between the tissues of the trachea or elsewhere, the amount of coloring matter was so small, that the tint was very feeble. The blood became more colored by prolonging the diet, and became finally very decided; while neither the viscera or the muscles would be colored—these remaining of their usual light color. The respiratory tubes always became colored at their base, and grew gradually paler towards their extremities. This is explained by the relative amount of coloring matter in each place.

“Thus the passage of the blood through the thickness of the parietes of the respiratory tubes, as through the general circulation (as I have shown by injections), either through the dorsal vessel or through the great cavities of the body, exhibits, in the insect full of life, the phenomenon of the discoloration of the blood.”

He proceeds to state that the fluids after digestion in these insects can be seen, as they pass into the general circulation and go to and from the heart. The intestines and heart with the several vessels would be bathed with the blood, colored by the food of the insect.

The experiments of Lawrence, Coates and Harlan, of this city, go to prove that many substances, whether colored or not, which are not strictly alimentary, are absorbed by the lacteals from the surface of the digestive tube.

However strenuously the strict solidist may argue for the non-absorption of medical or non-alimentary articles, there doubtless is a range



within which absorption of even poisons is carried on in the animal economy. It is found, for instance, that after feeding dogs on butter or oil, for a length of time, the chyle is more oleaginous. The use of alcohol is followed by its presence in the blood and tissues. Hunter and many others have discolored the bones of young animals by feeding them on madder. The blood was no doubt previously affected by the article eaten by the animal. There can be little doubt but that the good which follows the use of *cod-liver* oil, in phthical patients, results from the following circumstances. 1. The absorption of the oil, *per se*, without any digestion, consequently without any expenditure of vital force. 2. Its deposit in the tissues, from the blood, supplying that very necessary article (oil) to the emaciated tissues of the patient. That this is the case, and that no digestion of the oil is necessary, is proved by the cases reported by Dr. Thompson, where the endermic method was resorted to on account of the debilitated or diseased condition of the digestive organs. Dr. Klenke says, "I shaved some young dogs, and rubbed them with cod-liver oil twice daily, for three weeks. At the end of this time they were in as good condition as dogs to whom oil had been internally administered; their bile was found as rich in fat, and their chyle equally charged with corpuscles without nuclei." Dr. Thompson says of a patient, whose weight had been reduced from 105 to 97 pounds, under the internal use of the oil—that he prescribed, "as a liniment, three ounces of cod-liver oil, an ounce of sal volatile, half a drachm of oil of lavender, five grains of opium; half to be rubbed in, night and morning. In a fortnight improvement commenced, and in two months her *weight had risen to 104 pounds.*"

Should the results above stated, of the external application of oily or nutritious articles to the general cutaneous surface, be confirmed by further experiments, we may expect important changes in the treatment of many diseases, which affect the digestive functions, or those of respiration. Darwin's idea of feeding a man through his skin, by placing him three times a day in a milk bath, will be no longer considered as an imaginary fact. In addition to this, if medicated articles of nutrition may be thus introduced, we may allow the internal surfaces to rest for a long time from their functions, by transferring those functions to the skin. Butchers are generally fat, but are not considered great eaters. Those who work about and in oil, are also fat and small eaters.

#### DISLOCATIONS OF THE FEMUR.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—Should any additional testimony be required to convince the surgical public of Prof. Nathan Smith's mode of reducing the dislocated femur, I give you leave to publish the following extracts from my notes, taken at New Haven while attending his lectures in 1817–18.

"Now I believe it may be laid down as a principle in all surgical operations, that *great force* is never necessary, and that if moderate force does not effect our purpose the force is misapplied, or applied in a wrong

direction ; and, in reducing dislocated bones, if the strength of one man does not effect the reduction, it is because the force is applied in a wrong direction ; for I hold it as a maxim never to be departed from, that machinery should never be applied to reduce a fractured or dislocated bone. Now, if we reflect on the way and manner in which bones are dislocated, we shall find that it is on the principle of the lever. The limb is forcibly carried in such a direction as the joint will not suffer it to move in, only to a certain distance ; and if impelled beyond that point, the bone must break or dislocate ; and, in reducing the dislocation, the long shaft of the bone must be used as a lever to return the articular head of it to its former situation. The proper mode of applying force, and all that is necessary in reducing a dislocation, is to supply a fulcrum, as near the head of the bone as possible, and then with the hand to move the limb in such a direction as to bring the head of the bone into its proper situation. This mode has been practised in cases where it was not possible to reduce the bone in any other way. I refer to dislocations of the lower jaw. We are directed to place the thumb on the lower jaw in the mouth, near the coronoid process, while we raise the chin, which must depress the head of the bone and bring it into place. But in no other bone have I seen this principle recognized. In a case in which the head of the femur was on the innominatum, I brought the knee up to the breast and reduced it, while all the pulling I had previously tried had no effect—nor will it have in any case. It must be reduced by having the bone act as a lever.”

“When the head of the bone is in the thyroid hole it may be reduced by applying a fulcrum to the neck of the femur, at the angle, and then by bringing the knee inward, it will pass into its natural situation. When the head of the bone lies on the innominatum, the limb should be bent a little inward, and raised towards the breast, till it enters the socket.”

As Prof. Smith was universally known as a popular lecturer, and as he lectured subsequently at Burlington, Vermont, it surprises me very much that principles so long and extensively promulgated, should have been forgotten. “*Nous verrons.*” Yours, &c.

Stanstead, C. E., Nov. 19th, 1851.

M. F. COLBY, M.D.

#### QUACKERY—WORM SEED OIL.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Called Sept. 16th, to May, slave of David C. E., aged 6 years, who presented the following symptoms : Deep, heavy, stertorous breathing, accompanied by a very peculiar rattle, as if there was a ball rolling loose in the trachea ; pulse small, weak, frequent and feeble ; eyes insensible to light, or even external objects ; convulsive movements of the right half of the body ; extremities cold ; any attempt at deglutition threatened instant suffocation. Counter-irritant medicated baths and enema, &c., were employed. The following day the symptoms were same in character, but less in degree. Thirty-six hours from the onset of the case, it terminated fatally.

On inquiry into the history of the case, an ounce vial was shown the writer, partially filled with what purported to be "worm seed oil," which had been obtained from a person in a neighboring village (by the father of my patient, against the statutes of the State, he being also a *slave*), who combines in his own distinguished person the various trades of physician, surgeon, druggist, toothpuller, patent-pill manufacturer, corncutter, biologist, pettifogger, agent for collection, &c. &c. The remedy was directed to be given, in doses of fifteen drops, until the worms were expelled. I do not know as I understood what was to be done provided the child contained no worms, but I do know that the remedy was administered and death resulted. Was the crime of the druggist murder, manslaughter, or homicide?

I send you a report of the above, simply because I believe that were the public better informed of the disastrous results of quackery, we should hear less of it. I remain, Yours, P. T. T.

*Buchanan Co., Mo., Nov. 1st, 1851.*

## THE TREATMENT OF CROUP.

BY STEPHEN TRACY, M.D., WORCESTER, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

My method of treating this disease differs very essentially from that recommended by medical writers, and from that practised, so far as I can learn, by most physicians. I believe it to be very greatly superior. In its favor (pardon me) I can at least say that I have never yet had the unhappiness to witness a fatal termination in any patient of mine, although I have had numerous cases where the formation of the false membrane had made very considerable progress.

The peculiarities of my treatment consist in the external remedies used; the first of which is the placing of the patient in a warm and dry atmosphere. When called to a case of this disease, I immediately order that the air of the room shall be made of a temperature as high as from 80° to 90°. The air should be *dry* as well as *warm*. This I consider essential. No person ever yet "caught cold" while in a warm and dry atmosphere; but in a warm and moist one, multitudes have done so. A sudden rise in temperature immediately after heavy rains fills the air with moisture, and often causes colds to be epidemic. I hardly need to add that I have not much opinion of warm baths in these cases. I have never found them as beneficial as the *dry warm* air. The theory I will not here meddle with.

No one who has never witnessed the effect of this warm dry air in relieving the severity of the symptoms in croup, can form any idea of its salutary influence. It is so powerful, that if I were to take my choice between a temperature of 60° or 65° even, of ordinary moisture, and all other known remedies, or the one named above with no other remedy, I should prefer the latter. I believe it is for the want of due attention to this matter that croup has been and still is so fatal a disease. This



state and temperature should be maintained without intermission, until the disease has nearly or quite disappeared.

My next remedy is the extensive application to the throat, breast and neck, of a flannel wet with this liniment, viz. :—R. Ol. olive camph.,  $\frac{3}{4}$  jss.; aqua ammon. quad.,  $\frac{3}{4}$  j.; M. deinde adde, tinct. opii,  $\frac{3}{4}$  jss.; ol. turpentine,  $\frac{3}{4}$  j. If the child is very young, or the skin very thin, there may be occasion for some care lest a too severe irritation is excited by this; moderate blistering does no harm. A dry flannel should cover the wet one.

The internal remedies I have used have varied with the severity of the attack, and the strength and constitution of the patient. In respect to them, my treatment has nothing peculiar, unless it be in this—that I do not find it necessary to press them as severely as is often recommended and practised. The mel. scill. comp., ipecac., ipecac. and antimony, calomel and antimony, have all been used, but the latter not for several years. I usually produce speedy vomiting with some of the above articles, and afterwards give them in quantity just sufficient to keep up nausea so long as febrile action continues, making use of castor oil to move the bowels when necessary.

The advantages of the above method are, first, that it is much more speedy and effectual in putting a stop to the progress of the disease; and second, that the strength of the patient not being so reduced, he is much more surely and much sooner able to throw off whatever of false membrane may have been formed.

*November, 1851.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 3, 1851.

*Smith's Operative Surgery.*—Henry H. Smith, M.D., of Philadelphia, is the author of a system of surgery, based upon the practice of the surgeons of the United States, and comprising a bibliographical index and historical record of many of their operations, for a period of two hundred years, illustrated by numerous and beautiful steel plates. The volume is divided into two parts, embracing seventeen chapters, which are carefully and methodically written. A history of surgery in general is followed by papers on elementary operations and those connected with operations on the head. Some chapters treat of the means of arresting hæmorrhage; operations on the eye and its appendages; and on the mouth and bones of the face. We have scarcely yet done more than examine the general character of the volume, but such examination has convinced us that it is a book alike creditable to the author and the country. It is truly an American book, and as such we are glad to receive it. There is material in great profusion in the large cities of the United States, for producing a series of practical guides in all the departments of medicine; but such material has been too much undervalued or overlooked, in the ardor to seize upon foreign productions. It should be both a matter of ambition and pride to show the old world that the profession here has been making

advances in medicine and surgery, and Dr. Smith has done this in regard to the latter. Messrs. Lippincott, Grambo & Co., of Philadelphia, are the publishers, and they have brought out a fine typographical specimen of work.

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*Pereira's Materia Medica.*—Any attempt to augment the reputation of the established work on the Elements of Materia Medica and Therapeutics, by Jonathan Pereira, M.D., might well be considered as unnecessary. But to give publicity to the fact that the author has actually enlarged and improved the present edition, the third from the American press, by adding a notice of most of the medicinal substances in use in the civilized world, will no doubt gratify the profession. Messrs. Blanchard & Lea, of Philadelphia, have issued the first volume, a splendidly printed book, a massive octavo of 838 pages. They state that the demand for this new edition has induced them to issue the first volume separately—at the same time announcing that the second, already in press, receiving important corrections and revisions, may be expected in July or August of 1852. It is really an encyclopedia of this branch of medicine—every leaf being evidence of the profound researches of the author, and the faithfulness of the American editor, Dr. Carson. The illustrations give a peculiar interest to the text. Unlike a major part of the treatises embracing the same circle of knowledge, this is a book of variety. All nature has been under contribution for materials, which have undergone such examination and been subjected to so many tests, that nothing is left in doubt, and each statement may be considered reliable. Of course, with a reputation already established, the demand will be active for the forthcoming edition, which, as usual, may be found at the bookstores of all the principal cities in the country.

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*Theory of Respiration.*—How unceasingly the world rolls on, undisturbed in its orbit, although burdened with vanities. However, as theories weigh nothing, and the friction they produce is rather mental than physical, the stability of the universe seems not to be in danger, at present, however terrific the commotion may be among philosophers, from the promulgation of novel doctrines or high-sounding crudities. The present age is characterized by being fruitful in learned nonsense, which some are so bold as to thrust upon the community with a strange confidence that shadows are quite as good as solid materials. In medicine more than in any thing else, and of late in physiology, the adventurers for public favor are multiplying, so that it is sometimes difficult, at first, to detect the true from the false, the worthy from the unworthy.

Mrs. Willard, a venerable instructress in a female seminary at Troy, N. Y., who has acquired a reputation to be proud of for her success in the highest departments of female education, seems to entertain an ambition to cultivate another domain, and to surprise and astonish a part of mankind, if not the whole, by the announcement of a *new theory of respiration*. One of the first questions that presents itself to the well-read physiologist is—has the lady put forth a solitary new idea? Somebody thinks she has, and of such transcendent importance, too, that Mr. Twiss and Mr. Fellows have commenced in earnest to collect documentary evidence of the impression the new theory has made on certain minds. But the pith of all their labors is found in these words, viz., “The committee would suggest that the association memorialize the Legislature, requesting a commis-

sion be appointed to examine, experiment and report," &c. When such commission is appointed, we shall doubtless be apprised of it, and will not fail to inform our readers of the fact, and who the members are.

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*Public Health.*—For the last two years, the general health of the people in this part of the country has been unusually good. There has been no prevalent epidemic to alarm the community, and nothing to disturb the equanimity of the public in regard to dreaded distempers or incomprehensible diseases. It is pretty certain that more credit is due physicians for this state of things, than is ordinarily supposed. The science and skill that are brought to bear upon cases at all calculated to excite anxiety, and the constant efforts of the medical profession to collect and diffuse every fact or suggestion that may be serviceable in the treatment of maladies, have a tendency to prevent the extension of infectious diseases, and to secure the proper treatment of all others. With all the shades of practice among us, there is enough of skill and scientific accuracy interspersed through society to meet exigencies, and prevent much of the mischief of quackery, however adroitly concealed under fascinating names.

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*New Medicines.*—Inquiries are not unfrequently made in respect to the last new medicines, as though remedies were perpetually being manufactured. This may be so with nostrum venders; but among legitimate, respectable practitioners, "new medicines" are not entitled to confidence till they have been subjected to a severe ordeal and receive the sanction of the most skilful practitioners.

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*Medical Schools of Paris.*—A correspondent of the Boston Transcript, under date of Nov. 6th, writes thus—

"Yesterday the doors of the renowned Medical School of Paris were thrown open to the crowd of students, which is attracted by its great advantages. The Faculty held a formal session for the distribution of the prizes which it offers to the ambition of the youthful cultivators of science. M. Roux, who wields the sceptre of French surgery, delivered the usual academic oration. He chose for his subject an eulogy of two illustrious names—Boyer, the emperor's surgeon, and Bichat. I wish that my space allowed me to gratify your medical readers by quotations from these two brilliant biographies."

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*New Objection to Chloroform.*—M. Chailly Honoré made the following communication to the Medico-Chirurgical Society of Paris, at its second quarterly meeting of this year, as reported in *L'Union Medicale*:—

A woman who had been delivered for the first time by craniotomy, by M. Paul Dubois, and whom I had delivered by the forceps, in her second accouchement, of a living daughter, fell pregnant a third time. Notwithstanding our urgent advice, she objected to art being had recourse to until the full period of this her third pregnancy had come round. The pelvis of this woman not being more than eight centimetres in diameter, it was not possible that this delivery could be effected so easily as her second; for then labor came on somewhat before the full time. The induction of premature



labor could alone offer the best chance of safety, both to the mother and to the child. Consequently, we gave it as our advice that this should be resorted to at the proper time. But this woman, having been under the influence of chloroform during the first and second operations, and not having experienced the pains of labor, had not calculated upon the sufferings likely to accrue in her state. She therefore preferred waiting her full time, confident of being delivered without pain, at the sacrifice of her child. We could therefore, under these circumstances, only yield to the wishes of the patient. I applied the forceps, in order to assure myself that it was not possible, as in the second labor, to extract the infant alive. This time we did not make use of chloroform, in order that the maternal sentiment might be aroused, she having refused the resources of art at a time when it would have conduced to the well-being of both mother and child. A short use of the forceps soon convinced us of the inutility of their application. The lesson was sufficient; we now gave her chloroform, and delivered her, as she had been in the first instance, by craniotomy. This circumstance revealed to me an inconvenience of chloroform of which I had never dreamt. But I hope that in future this woman will understand her duty better, and not, for her personal interest only, compel us to sacrifice a third infant.

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*Health of New Orleans.*—The following, from the New Orleans Medical and Surgical Journal for November, shows that the past season has been one of unusual health in that great city as well as in most other parts of the country.

"The so-called 'sickly season' has passed, and our population, with thousands of strangers, are daily pouring in upon us from almost every quarter of the compass—all eager to engage in the active scenes of life. We can assure them that our city, for the last six months, has enjoyed a degree of good health almost without a parallel in her history; indeed, but a few days since, an aged Creole of the first municipality, long connected with our large cemeteries, assured us that New Orleans had been blessed with better health the past summer than any season for the last fifty years! From the signs and evidences before us, we venture to predict, that the day is not very distant when epidemic yellow fever will cease to trouble this community, and to clothe half our citizens in the sombre habiliments of mourning for the victims of that dire scourge. Measures are being adopted—destined to be fully carried out—which we confidently believe will secure to this city a degree of public health equal to that enjoyed by any city in the Union of corresponding population.

"Our attendance at the Charity Hospital throughout the season enables us to say, that the diseases generally met with in that great institution have been of a mild and manageable character, and but little of a malignant or pernicious type has been seen in any of the wards of the hospital. The deaths have, consequently, been few; the per centage being, perhaps, lower than any time since the institution was established."

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*Treatment of Hemorrhoids.*—In the October number of the Stethoscope, Dr. Thweatt records the result of a trial made with nitric acid (official preparation) in this disease. The patient had been afflicted with bleeding piles, during fifteen years, with a prolapsus recti on each attempt at stool. He had undergone every plan of treatment. Dr. T. recommended cauteri-

zation with nitric acid, to which he assented. It was done by pencilling the tumors until it produced a change of color. The operation produced very little pain, and the parts were dressed with lint and sweet oil. On the second day, he was entirely free from pain; the piles were less congested and slightly diminished in size; the bright red color was changed to a dirty brown. He was made to strain at stool, which act brought into view tumors situated higher in the intestines. These were cauterized as the first, a straining, burning pain being excited. On the third day, the piles were again touched. A short time after the last pencilling, he was well; no tumors either internal or external, and there was no further pro-lapse of the gut.—*Charleston Medical Journal and Review*.

*Treatment of Aneurism by Compression*.—Mr. Tufnell, surgeon to the City of Dublin Hospital, is the author of a recent work on the treatment of aneurism by compression, with plates of the instruments hitherto employed in Dublin, and the recent improvements by elastic pressure. The work has not been republished in this country. We learn from the London Medical Gazette that the author sums up the evidence in favor of compression, by giving a table of 39 cases of aneurism treated by this method in Dublin, during the past year, with the following results:

“In thirty of these cases the cure has been perfect and complete. In one, compression was discontinued, the aneurism not increasing subsequently in size. In two, the ligature was resorted to, and the artery tied with success. In three, amputation was necessary, each instance being followed by recovery. In one case death ensued from erysipelas. And two died from co-existing disease of the heart.”

*Medical Miscellany*.—A child was born at La Grand, Georgia, with two distinct heads and necks, attached to a single body. It has two spinal columns, and it is supposed a double digestive apparatus.—The celebrated *pain-killer*, a secret composition sold extensively in Boston, is said to have made the proprietor, a clergyman residing in Providence, R. I., very rich.—It is declared that the entire excision of the lower jaw was performed upon a girl 11 years of age, at Oswego, N. Y., in 1849, and the patient is still alive and in good health.—Kate Dresser, 39 years old, of Schuylkill Co., Pennsylvania, has had more children than most women. The first child was born in 1829, and the last in February, 1851. She has had twins five times, and in February, 1848, had four children at one birth! making twenty-one children in twenty-one years, and *six* children in the space of *eighteen months*! The four children at a birth were apparently healthy and well formed. One lived about four weeks, another eleven months, the third a little over a year, and the fourth, a fine boy, is still living. There are now twelve of the whole number living, seven boys and five girls!

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DIED,—At New York, Dr. James R. Manley, an old and distinguished physician.

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*Deaths in Boston*—for the week ending Saturday noon, Nov. 29th, 67.—Males, 37—females, 30. Accidental, 1—disease of brain, 1—burn, 1—consumption, 15—convulsions, 2—croup, 4—dropsy, 1—dropsy of brain, 4—drowned, 1—typhus fever, 1—scarlet fever, 1—lung fever, 5—brain fever, 1—rheumatic fever, 1—hæmorrhage, 1—disease of heart, 4—intemperance, 1—infantile, 5—marasmus, 3—pleurisy, 1—palsy, 2—puerperal, 1—smallpox, 2—scrofula, 2—teething, 2—tumor, 1—unknown, 2—ulcers, 1.

Under 5 years, 25—between 5 and 20 years, 11—between 20 and 40 years, 15—between 40 and 60 years, 12—over 60 years, 4. Americans, 31; foreigners and children of foreigners, 36. The above includes 7 deaths at the City Institutions.

*Settlement of the Misunderstanding between Drs. Ramsay and Robertson.*—Although we have not presented our readers in full the history of the unpleasant affair between these gentlemen, which grew out of some of the proceedings at the last meeting of the American Medical Association, in Charleston, S. C., yet as some of them feel a personal interest in it, and all of them will be glad to know it is amicably settled, we give place to the following card and letter, the latter first appearing in the Charleston Medical Journal and Review for November. This is done the more readily, as we have been specially so requested by one of the parties, and know that the other wishes the *medical press* to publish his final remarks on the subject.

A CARD.—Since the publication of my reply to the pamphlet recently issued by Dr. F. M. Robertson, of Charleston, S. C., I have been in correspondence with Dr. J. J. Robertson, of Washington, Geo., through a friend, and having received from him the grounds upon which the opinion of himself and Dr. D. M. Andrews, in regard to my professional statistics was based—which opinion led them, when called on by members of the American Medical Association, at their late Convention in Charleston, to express a want of confidence in the reliability of my obstetrical statistics, and induced Dr. F. M. Robertson, a member of that Association, to move to strike out the notice of said statistics from the Report of Dr. Storer, of Boston—and having received from Drs. Andrews and Robertson the assurance that those opinions were neither formed or expressed through personal ill-will towards myself, but were honestly entertained and given in pursuance of what they regarded their duty to the profession; and feeling convinced from the representations of those gentlemen that they were influenced by circumstances, which, unexplained, were calculated to impair their confidence in me as a reporter, I feel bound in justice to them, to state that, with such impressions on their minds, they could not, when called on, have given other than an unfavorable opinion, and that Dr. F. M. Robertson, in making the motion he did, under the circumstances, was actuated by no unworthy or improper motive.

The grounds on which Drs. Andrews and J. J. Robertson were led to the statement that I had not, during my practice of physic, been continuous in one place, were my removal from Bookersville to Mrs. Wellborn's, a distance of six miles, and subsequently to this place, a distance of one and a half mile, while I regarded myself as never having left the *neighborhood* in which I originally settled. I have also been satisfied, from the statements and evidence furnished me by Dr. J. J. Robertson, that although he has not had a general practice in my neighborhood, he has made over twenty professional visits in the vicinity of my location within the past six years, a fact of which I had not been apprised at the time my late pamphlet was published.

In issuing this card to the profession and the public, I am impelled by no other than a desire to render strict justice to all the parties concerned, and therefore feel bound, under the circumstances, as an honorable man, to withdraw all offensive language I may have used in my pamphlet, or elsewhere, touching this controversy, either towards Drs. Robertson and Andrews, or towards Dr. F. M. Robertson, of Charleston.

I respectfully submit this statement to the profession and the public, with the single additional remark, that it is regarded by all the parties as an amicable and honorable termination of this entire controversy.

H. A. RAMSAY.

Raysville, Geo., Oct. 14th, 1851.

Charleston, S. C., Oct. 31st, 1851.

DEAR DOCTOR,—Since you handed me the two letters of Dr. H. A. Ramsay to yourself—one dated Sept. 1st, the other Oct. 1st, I have received "a card"—issued by the same gentleman—dated Raysville, Geo., Oct. 14th, 1851, one of which I presume has been sent to you also.

As circumstances growing out of Dr. Ramsay's published defence of August last, and his private correspondence with numerous persons, have drawn me into personal issues with certain parties, which are yet unadjusted, I deem it but just to Dr. Ramsay, as well as due to my own position, to make the following remarks, which will prevent misunderstanding in future.

1st. The card alluded to, was unsolicited by me, but voluntarily tendered by Dr. Ramsay. Nor was the disclaimer, of its author, of imputing "unworthy or improper motives" to me, for the course which I thought it my duty to pursue in relation to his obstetrical statistics, or the withdrawal of "all offensive language in his pamphlet or elsewhere," in relation to myself, the result of any correspondence or explanation on my part, either *directly* or *indirectly*.

2. Desiring still, as stated in my note to you, of the 28th June, published in my circular of July last, to "throw no impediment in the way of his doing himself ample justice in the matter complained of," I now accept the card as an honorable amend for the imputations against my motives, and his personal abuse, and consider it, so far as I am concerned, a final termination of the personal difficulty between Dr. Ramsay and myself.

3d. Inasmuch as the collateral issues in which I have been involved (by no act of my own, however), with the editors of certain medical periodicals, in relation to the merits of the "Obstetrical Statistics," are yet unsettled, I hold myself perfectly free, until they are satisfactorily arranged—in case it becomes necessary to my defence—to discuss the professional merits of the points of difference, without its being considered a violation of my acceptance of Dr. Ramsay's card.

4th. If the question should be introduced into the American Medical Association, at its next meeting, which has been intimated from certain quarters, I reserve to myself the same privileges claimed in the preceding paragraph.

Having thus set forth my position, that it may be clearly understood by all parties,

I remain very truly and sincerely your obedient servant, F. M. ROBERTSON.  
Dr. H. W. DeSaussure, Sec. A. M. A., Charleston, S. C.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 19.

## ON THE DIAGNOSIS OF DISEASES OF THE STOMACH.

BY HENRY KENNEDY, A.B., M.R.I.A., FELLOW OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

THERE are few medical men who have been engaged in practice, for even a limited period, but must have been struck with the fact, that the most serious and threatening symptoms of stomach disease may exist, and be even persistent for a considerable time, and yet in the end the case may turn out to be one of functional disease merely, and the patient get quite well. And, on the other hand, a patient may labor under the most formidable organic disease of this organ, and yet scarcely present a single symptom indicative of its presence. These two propositions it is essentially necessary to keep ever in mind; and it may be doubted whether they are yet sufficiently recognized. Before proceeding farther, I shall illustrate them by the following cases, briefly narrated:—

CASE I.—Some time back Mr. Cusack exhibited to the Pathological Society a specimen of disease of the stomach of an extraordinary extent. Literally three fourths of the organ were converted into malignant disease. All the coats were involved, and the mucous membrane presented one sheet of fungoid disease. But what was extraordinary was, that the individual from whom it was taken had been able to take his food, and made no complaint until a very few days before his death.

CASE II.—A medical gentleman, about 55 years of age, had long been what might be described as delicate. He had been in the army, and on his way home from Jamaica was obliged to use, for some weeks, bread of a very inferior quality. This disagreed with him even more than common, and before he landed he was suffering daily from dyspepsia of a severe character. On reaching home the symptoms did not abate, and shortly afterwards he was invalided. From that period until his death, which took place some months later, he was never free from suffering, referred to the stomach. He was seen by several eminent gentlemen; the symptoms he chiefly labored under were constant pain, nausea, loss of appetite, and occasional attacks of pyrosis. On one occasion he threw up a considerable quantity of blood; but at the time there were some doubts as to its source. He had some cough, which, with expectoration, increased towards the end; and he finally sank, re-

duced to the very last degree of marasmus, and never having lost the symptoms referred to above. I assisted Dr. Kirkpatrick to make a post-mortem examination. On first view the stomach appeared perfectly healthy, and it was only after a very minute inspection that we were able to detect two small ulcers, each about the size of a split pea, existing close to each other, in the great extremity of the organ. The coats, too, of the stomach appeared thinned, having probably partaken of the general marasmus. In the lungs was found some tubercular matter, in large masses, but not occupying any particular site.

CASE III.—Mr. ———, a professional gentleman, began to suffer from pain in his stomach, chiefly after his meals, and more frequently after his breakfast than at any other time of the day. He was at this period 26 years of age, of tall stature, and had been, though subject to occasional headaches, previously healthy. He had always, however, been inclined to constipated bowels. The attacks, in the first instance, were slight, and were more of the character of painful digestion than anything else : for at a certain period after each meal he felt more or less uneasiness. By degrees, however, they became more severe ; and as they did, their character somewhat changed. They were now, in a very marked degree, periodic ; that is, the patient would be six weeks, or even longer, free from any suffering, and then an attack would occur very suddenly. On many occasions he went out on his ordinary business in the morning, and would return in an hour or two suffering from the attack. He always referred its commencement to a point opposite the pylorus, from which the pain would spread, but not to any great extent.

I am quite unable to describe these attacks.\* They were perfect whirlwinds while they lasted, which they usually did from four to six hours ; and the patient's sufferings seemed to be agony itself. He frequently expressed himself as if he should die in consequence of them. While the fit was at its height vomiting took place, but never of any large quantity of fluid ; and as it passed off, the stomach began to secrete air, which it would then do in enormous quantities, and was always considered by the patient himself as a good sign. It is only necessary to say further of this case, that he has been perfectly free from these fearful attacks for a period of upwards of four years.

Though other cases might easily have been given, these appear to me quite sufficient to show what difficulties surround the question of diagnosis in diseases or affections of the stomach. The well-known fact, too, might be adduced here in further proof of this position—that the disease known as chronic ulcer of this organ has frequently led to a fatal result from perforation, without any complaint having been previously made by the patient ; and their usual condition would seem to bear out this view, for many of these cases present all the signs of the most robust health. But if we come to inquire why such difficulties exist, the reason appears to me to be in great part explained by the fact, that both the functional and organic affections of this organ give rise to the same series of symptoms ; and this will be made evident, if we

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\* Any one who will call to mind the story of the "Martyr Philosopher," given with such graphic effect in the "Diary of a Physician," will have a good idea of this patient's sufferings.

try to place the signs of organic disease in one column, and those of functional derangement in another; for we shall then find that both lists will contain very nearly, if not exactly, the same series of symptoms. Pain, nausea, vomiting, flatulence, sense of distention, pyrosis, throwing up more fluid than has been taken, hematemesis of different kinds, and other symptoms, are each and all common to either state. Hence, I repeat it, the difficulties which so frequently arise in arriving at an accurate diagnosis. But it will be asked here, are there no signs which may be considered as absolutely indicative of organic disease? And this leads me to notice more particularly two symptoms, on which many have placed an entire reliance. I mean the symptom known by the name of the black vomit; and secondly, the presence of a tumor of the stomach itself.

As to the first of these, it appears to me too much stress has been laid on it as diagnostic of organic disease, and for this simple reason, that it occurs in cases where we have positive evidence there is none. For, what is this black vomit? Nothing, I believe, but an exudation of blood, altered somewhat by the secretions of the mucous membrane of the stomach; and this, I presume, few will assert can only take place where there is ulceration or fungoid disease. Hemorrhage from the stomach we know can occur where there is no morbid change whatever in the mucous membrane, as in some cases of enlarged liver. I have seen instances of this nature, where the first blood thrown up was of a bright red color; but as the attack passed off, it got gradually darker, and finally put on all the characters of black vomit.\* Yet, in these cases, the mucous membrane was found healthy, though congested. But further, many acute diseases exhibit this symptom in a very marked degree, and a most serious symptom it ever is. I have seen it in bad cases of scarlatina, of fever, smallpox, and of puerperal fever; also in a case of ruptured† uterus; and on examination of such cases I have found no organic change in the mucous membrane. The yellow fever, too, of warm climates, very generally presents this symptom. Hence, the conclusion appears to me a fair one, that this particular symptom may occur in the more ordinary affections of the stomach, where nothing but functional derangement exists; and before these remarks are concluded, I hope to prove it.

The second symptom I have alluded to, the existence of a tumor, is one of more moment, and it must be allowed that in the great majority of instances it will lead us to a correct diagnosis; yet even this symptom, palpable though it be, may deceive us; and I would call particular attention to this fact, for, after having made some research on the matter, I cannot discover that it has been hitherto noticed. The point I would observe upon is this, that a tumor may exist in the stomach, which, in the progress of time, may entirely disappear; or, at least, get into a state in which it may not be palpable on external examination.

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\* Something very like this may also be seen in cases of hemorrhage from the lungs.

† The occurrence of the black vomit in this case would appear to be important to notice, for it points out a state of the system which cannot be considered healthy, and which may predispose the uterus to an alteration of structure that may lead to its rupture.



I believe two distinct circumstances may give rise to such a state of things. Before noticing these, however, I would just observe on the much greater facilities which some subjects present for the detection of tumors than others; and it is a point always to be kept in mind. There are, I presume, few who have not met instances where all the symptoms would lead one to look for the presence of a tumor which did in reality exist, but which no external examination could detect. As far as I have seen, this difficulty has been in great measure due to the natural depth of the chest, rather than to any other single cause, such as the thickness of the abdominal parietes, or the site of the tumor. So that it may be safely stated, that the absence of all external sign of a tumor would not justify us in asserting that none existed.

But, further, there is a state of some of these tumors which I am not sure has been hitherto noticed. I mean their mobility, not from external handling, but by the act of respiration. In a case which I saw, through the kindness of my friend Surgeon Neville, of Brunswick street, it was most remarkable. At every inspiration the tumor moved fully one inch and a half, and, what is of more importance, this sign was the means of settling a question which had previously been raised, namely, as to whether the tumor was an aneurism or not, for it had a very strong pulsation.\* Whether the mobility was, in this particular instance, more than ordinary, I cannot say, but it is worthy of remark that the patient was of unusual stature, for, though he was a tailor, he was six feet four inches in height. This mobility, then, even granting that it is not always present, appears a symptom which ought to be looked for in this class of cases.†

It has been already stated that a tumor which has been palpable to the touch may disappear, and this may, I believe, occur in either of two ways. In the first the tumor, so far from enlarging as the disease advances, lessens. This we know to be common in cases of malignant disease, as in cancer of the breast when ulceration is going on, and the same may occur when a similar disease exists in the stomach. This has happened twice under my own observation, and in one instance it was so marked, that a doubt was thrown on the accuracy of a previous diagnosis. An examination, however, after death, solved the difficulty, by disclosing a large ulcerated surface, with some traces of tumor still remaining. Thus then, I believe, and it is comparatively well known, our diagnosis may in one way be rendered obscure. Before describing the second, I shall give some details of the following case:—

**CASE IV.**—Miss ———, about 30 years of age, unmarried, suffered from a sharp attack of English cholera, in August, 1849. She was of the sanguine temperament, but of a listless habit of body. The menstrual function was quite healthy. From the attack of cholera she does not appear to have completely recovered, for shortly afterwards, within

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\* The post-mortem examination of this case disclosed a tumor of a malignant character, which formed a complete circle on the mucous membrane of the stomach, close to the pylorus. It was exhibited at the Surgical Society.

† Through the kindness of Dr. Lees I have very lately seen a case of abscess of the liver, in which the tumor presented to the right of the epigastrium, and was very distinctly moved downwards by the act of inspiration, a point of some importance to determine, as it showed that at the time no adhesions had taken place. This subject seems worthy of further investigation.

a month, she began to throw up a small portion of each day's dinner. This gradually increased, until, in the course of four months, everything taken in the way of food came up, though, curiously enough, medicine did not. With this state of stomach the patient complained of a fixed pain, which she referred exactly to the pylorus, and where, when she was examined in bed, a distinct tumor could be felt. It was circumscribed, and painful on pressure, and was recognized by Sir H. Marsh, who, at this period, saw the patient with me. What she threw up at first was merely her food unchanged. In the course of a month, however, a large quantity of clear fluid, mixed with saliva, came up. This fluid she described as being salt, bitter, and burning by turns. Such was what might be called the persistent state of this patient until the latter end of January, and beginning of February, 1850; that is, about six months from the time she began to throw up her food. At this period, attacks of a much more serious character were superadded. These attacks were wonderfully periodic, taking place regularly each second day, between 5 and 8 o'clock in the evening. They were preceded by shivering, paleness, and great anxiety of countenance; at the same time that the pulse, which commonly beat between 80 and 90, rose to 130, and even 140. In this state the sense of burning, from which she was never free, became very much aggravated, and she described it as extending from the stomach to the throat; which latter part was constantly excoriated from the nature of the fluids vomited. With these severer attacks she now also began to throw up a quantity of stuff having the characters of black vomit. It was of a dark-brown color, and was always attended with a much larger quantity of fluid than what the patient had taken. On several occasions, now, too, what came up was tinged with blood. It will be easily understood that from the violence of these attacks and their constant recurrence, the general health must have suffered severely; and such was the fact. Loss of flesh went on with great rapidity. She became reduced to a skeleton, being quite unable to leave her bed, and symptoms again and again threatened that her sufferings would be aggravated by stripping. During the period she was so reduced, Dr. M'Donnell, whose valuable assistance I then had, felt with me the tumor repeatedly.

It is unnecessary to pursue the history of this case further; it occupied many months more; suffice it to say that the patient has perfectly recovered, *and that now no tumor can be felt*. It must be allowed, however, that at one period of the case the prognosis was gloomy in the extreme.

This case I have given at some length, as it appears to me to be one of considerable interest. The patient certainly presented a series of symptoms from which few have recovered. She had all those which are thought to mark the presence of organic disease, including the black vomiting, the throwing up of much more fluid than she had taken, and the presence of a tumor. Of the exact nature of the case I do not profess to offer anything like a positive opinion. In the first instance it would appear to have been an example of the affection so well described by Sir H. Marsh; while at a later period there were strong grounds for



supposing that actual disease had taken place, possibly some form of ulceration. This, however, is only conjecture, though it is borne out by the extreme emaciation which the patient at one period presented. This symptom is, I believe, amongst the most constant of those attendant on organic disease ; and yet it does not always exist, as some of the cases of chronic ulcer fully confirm.

But how are we to account for the tumor and its subsequent disappearance? It will be recollected that it was felt by Sir H. Marsh, and repeatedly by Dr. M'Donnell and myself. My conviction is, that at no period of the case did any morbid growth exist, but that what was felt was due to an irregular action of a portion of the muscular coat of the stomach itself.

Any one in the habit of opening bodies must have been often struck with the varieties which the stomach in its general aspect presents. In one subject it will be very large, and apparently dilated ; in another it is found contracted to a remarkable degree, and its coats, to all appearance, thickened ; while in a third it presents an example of the hour-glass contraction, described so long since by Sir Everard Home. The other hollow viscera, too, we know, take on at times this irregular action of the muscular coat, as may be seen in parts of the intestines, and still more strikingly, perhaps, in the uterus. In subjects favorable for examination, I have myself felt portions of the intestines, knotted, as it were, so as to afford distinct evidence of irregular action going on ; and which has all disappeared with the cause which gave rise to it.

So I take it to have been in the case just given. The irritation, which there can be no doubt existed in the mucous membrane of the stomach, caused a spastic state of contraction of a part of the muscular coat, and this, in its turn, caused a thickening, a temporary tumor so to speak, which it was possible to feel through the thin abdominal walls. As the irritation lessened, however, this spastic state gradually subsided ; and hence we have an explanation of the disappearance of the tumor, and the recovery of the patient. To suppose that there existed in the stomach a tumor caused by organic disease which subsequently disappeared, would be a straining of experience farther than any case on record would justify.

Much might be said on the treatment of these cases, for it would appear to be anything but yet settled. For the present, however, I must confine myself to one remark. At the period, in the case last given, when there were good grounds for supposing that some ulceration existed, I carried into effect an idea which had been long in my mind, viz., that in such cases we might give medicines for the express purpose of healing the ulcerations, in fact of acting locally on them, as if we had an ulcer on the surface of the body to deal with. With this view creosote was given, to the amount of three drops, three times a-day ; and, as I believe, with advantage. Nor do I see any reason why other medicines as well might not be administered with this intention, and in cases where it would appear to be too common to consider them as being beyond the resources of our art, as, for instance, the disease known as the chronic ulcer of the stomach. In this disease there is no evidence of any-



thing of a malignant character, and, of course, nothing (amounting, I mean, to an impossibility) to prevent its healing. We know there is proof on record of such an occurrence having taken place; and consequently our efforts should be directed, not merely to palliate, but to cure, difficult though its attainment may be. But where is there not difficulty in medicine? With this object in view, then, I venture to make this suggestion.—*Dublin Quarterly Journal of Medical Science.*

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#### ADVANTAGES OF OPEN SQUARES IN LARGE CITIES.

It would be superfluous to draw attention at any great length to the sanitary advantages that are derivable to the inhabitants of large towns by the appropriation of open tracts of land for purposes of health and recreation. The wisdom of our ancestors, when they preserved "commons" for public use, was in no degree inferior to our own when we set aside a certain number of acres of land contiguous to densely-populated cities, and lay them out as parks. The inhabitants of London have long enjoyed the sanitary benefits of such public airing grounds, and have testified their conviction of the gratification and benefits thence accruing by the urgent demand made for their multiplication. The favorable contrast presented by the mortality returns of the registrars of the districts adjoining the parks and squares of the west end of London, as compared with those of the more thickly-peopled eastern, southern and northern metropolitan districts, have furnished additional and cogent arguments in favor of the construction of parks in the last-mentioned quarters. The success which has attended the formation of the Victoria Park has formed the basis of a claim for a similar boon on behalf of the northern, or Finsbury district.

The rapid increase of the metropolitan population within the last ten years, is proved by the census to have taken place chiefly in the suburban, and especially in the northern districts. Thus, to take the instance of one parish alone, the increase is very striking when compared with the absolute decrease that has taken place in the central district of the metropolis:—Islington in 1841, 55779; 1851, 95154—increase in ten years, 69375. City of London in 1841, 56009; 1851, 55908—decrease in ten years, 101.

Virtually, therefore, owing to various causes, an emigration has occurred from the city to the suburbs, and this to so large an extent that the consequent increase of houses and streets has within a few years amalgamated neighboring villages with London, and already threatens to create as dense a population in the suburbs as has hitherto existed within the city itself. So largely and steadily has this change been progressing, that it has long been evident that unless strenuous efforts were made for the formation of a park on the northern side of London, the only eligible spot for such an undertaking would speedily be covered by new buildings. That effort has been made, and has been attended with success. The government has recognized the necessity of the proposal, and, happily, not having to negotiate arrangements through the

Board of Health, it has promptly authorized the Commissioners of Woods and Forests to proceed in obtaining surveys and plans, for the formation of a park to extend over a hundred and fifty acres, the estimated cost of the freehold of which will be a hundred and fifty thousand pounds. That the application and the grant have not been made without good reason, may be seen from the following table, which shows the great rate of increase in the population of the northern metropolitan district :

			1841.	1851.	Increase.
North	-	-	376568	490441	113873
South	-	-	503346	616545	113199
East	-	-	393067	485336	92269
West	-	-	301189	376332	75143
Central	-	-	374199	392986	18787

These figures, we conceive, furnish an unanswerable argument in favor of the sanitary advantages of the preservation of the open spaces which it is proposed to include in this park. The pecuniary outlay is but the practice of a sound economy, which, in dispensing the means of health and rational gratification to the masses of our densely populated town, produces a saving both to it and to the nation by the preservation of effective labor, and by the prevention of the losses incurred to the community by sickness and death through epidemic and endemic diseases.

*London Medical Gazette.*

## HISTORY OF A REMARKABLE ATTACK OF MEASLES IN A FAMILY AT PADUA.

BY DR. ARGENTI.

THE following fearful occurrences took place in the family of Signor Graziani, a respectable councillor of Padua. Measles had prevailed to some extent in the city, when *Joseph* Graziani, æt. 17, took them on the 21st of May, and recovered in a few days. On the 31st his married sister, *Theresa* (second case), æt. 28, called with her child, and on learning the nature of the disease, hurried away, much alarmed lest her child should take it, being then herself the prey to excessive grief from the recent death of her husband. She was engaged in a very fatiguing occupation, the management of silk worms; and attributed some febrile indisposition, which she experienced on the 12th and 13th of June, to over-exertion. Getting worse she took to bed, and on the 14th the eruption appeared. The removal of her child, to which she was devotedly attached, caused her great grief. The eruption was profuse and red; the accompanying fever was intense; and she suffered much from dyspnœa, and pain at the epigastrium. On the 17th she was bled twice, with some relief to the pain, but the fever continued excessive; on the 18th she was furiously delirious. The skin was hot, but the eruption had become pale. She was seized with tremors of the lips, convulsions of the limbs, and stertorous breathing, amidst which she expired. *Nina* (third case), æt. 3, was her child, and, though removed from its mother on the 14th of June, became the subject of the disease on the 25th.

This pursued a favorable course, though the fever was intense, and the convalescence tedious. *Annetta* (fourth case), æt. 16, of a lymphatic habit, enjoyed good health, and was also employed in managing silkworms. She had severely felt the loss of *Theresa*, and, with her other sisters, was incessantly engaged in anxiously watching little *Nina* during this period. On the 8th and 9th of July the eruption appeared, became confluent, and was accompanied by great swelling of the head, and epistaxis. She was doing well, when, on the 11th, she arose from bed, and suppressed a copious sweat, the urine being, however, abundant. Hearing of her sister's death on the 12th, she became the subject of epileptiform convulsions and delirium, and in three quarters of an hour died. The autopsy was conducted in the presence of several able practitioners, who all agreed that no appearance explanatory of death was observed. *Fanny* (fifth case), æt. 14, of a nervous temperament and lymphatic habit, exhibited the eruption on the same days as *Annetta* (8th and 9th July), and by the 30th was convalescent. *Laura* (sixth case), æt. 22, of nervous temperament and scrofulous habit, and participating in the fatiguing employment and depressing emotions of her sisters, also exhibited the eruption on the 8th of July, it coming well out, but being less confluent than in the others. She went on very well till the 12th, when she was seized with violent delirium and epileptiform convulsions, and in an hour she was dead. In the autopsy, no change in the brain or other important organs (the spinal marrow, however, not being examined in these cases) could be discovered. *Josephine* (seventh case), æt. 19, of nervous temperament and scrofulous habit, but in tolerable health, felt much alarmed at these occurrences in the family, and on the 9th and 10th of July, the eruption appeared. Her removal from the presence of her dying sisters on the 12th, caused her great dismay and anguish. The eruption came well out; but as there was much fever and great disposition to lethargy, some leeches were applied to the head, and were followed by blisters (which had also been freely used in the other cases). She was more tranquillized in the afternoon, and there was less somnolence; but early in the evening she was seized with epigastric pain, as her sisters had been, and then with convulsions and delirium, expiring in about an hour after. The autopsy furnished similar negative results. *Maurice* (eighth case), æt. 12, exhibited the eruption on the 8th and 9th of July, and had become convalescent by the 18th. *Bartholomew* (ninth case), æt. 20, of plethoric habit, and accustomed to frequent bleeding, manifested such high febrile action on the 12th and 13th of July as to require two venesections. Later the febrile action took on an intermittent form, and quinine was given. He was convalescent by the 24th.

The eruption in this attack was quite normal, though very intense and confluent, and the disease presented nothing peculiar in its mode of invasion or complications; and yet four of the cases perished within an hour from the time that really dangerous symptoms set in; the morbid action seeming here to concentrate itself with all its force in the cerebro-spinal axis. In three of these, the autopsies, most carefully conducted, revealed nothing.



In regard to the ages of the victims it may be observed, that while Borsieri, Frank and Raimann believed there is greater danger for adults, Dr. Lees found in the Dublin epidemics, 1840—4, that it was in inverse proportion to the age. Levy, in his account of the epidemic among the military in 1837—47, states that fewer adults than boys died. In the present cases, the ages varied from 3 to 28. Of the five recoveries, four took place among the youngest; and all who died had attained puberty.

As concurring to impress upon these cases their remarkable fatality, may be their nervous-lymphatic temperament, scrofulous habit, physical debility, great sensibility, excessive alarm, and inordinate fatigue.—*Ome-dei Annali, in British and Foreign Medico-Chir. Review.*

## SKETCHES OF EMINENT LIVING PHYSICIANS—NO. XXII.

[Communicated for the Boston Medical and Surgical Journal.]

THOMAS D. MITCHELL, M.D.

“Of its own beauty is the mind diseased  
And fevers into false creation;—where,  
Where are the forms the sculptor's soul hath seized?  
In him alone. Can nature show so fair?  
Where are the charms and virtues which we dare  
Conceive in boyhood and pursue as men,  
The unreached Paradise of our despair,  
Which o'er-informs the pencil and the pen,  
And overpowers the page when it would bloom again?”—BYRON.

“Jam, jam efficaci do manus scientiæ.”—HOR.

IF, after the termination of this life's fever, we could, from some elevated height, surveying at once the spiritual and material worlds, contemplate the struggles of a human soul (having experienced the same struggles ourselves), as it stimulates the material frame into activity, and itself into its own development and expansion; what a strife would we witness in this fermenting compound of mind and matter! How the soul would appear to taste the various sources of knowledge and enlargement; drinking in the streams of some intellectual beverages with the madness of the inebriate, and recoiling from or passing by others, with the irresistible energy of its own will and tastes. The fever of ambition, that “obstinate activity within,” which is felt in proportion to the strength of the mental faculties, that longing after something beyond the present (the dull *acquired* present), is a perpetual fever.

What man would look back along his life's history, without acknowledging that an intangible, but ever-longed-for something, in the future, had led him on like an ignis fatuus, to do “all that may become a man”? Cicero speaks of it in reference to his improvement in oratory; and all men, from Mahommed to Bacon, Sydenham or Washington, have felt the flame of this divine unrest. It is this spirit that drives, so remorselessly, the adventurous traveller over sterile wilds and barbarous countries—there, perhaps, to whiten the plains with his unburied bones—in

hopes of attaining the El Dorado beyond. It is this spirit that lights the dim eye, as it pores over the dusty pages of science ; supports the stubborn soul amidst the fumes of the laboratory, the strifes of the field or the combats of the bar, and the exhaustion of the pulpit or the bed-side.

Byron speaks of the "necessity of loving." There exists the same necessity for toil—to carry off the explosive fluid within—to appease the ever-troubled spirit of man's immortal mind. Penances and stripes are absolute comforts. 'Tis in faith and in truth a feverish, toilsome life this ; and happy he who, its fitful fever ended, can with truth be said to "sleep well."

The subject of our sketch to-day is no exception to this general rule ; but has felt, not "feigned the flame," as will be seen by the following life-map.

Professor THOMAS D. MITCHELL is a native of Philadelphia, as were his father, grandfather and great-grandfather. The name is of English origin. Of his very early history we have few facts remaining. That his parents, to the third generation, were residents of our staid city, is proof of their respectability and morality. The chief schools at that time and up to 1800, were under the control of the quakers, who were, it will be recollected, the instructors of Physick, Wistar and others among the medical men of the day. Young Mitchell obtained his English classical and medical education in *Carson' Academy*, *Friends' Academy*, and the *University of Pennsylvania*—the usual sources, in fact, of a respectable education at the time in Philadelphia. He spent nearly a year in the drug-store and chemical laboratory of the late Adam Seybert, M.D., where he acquired his early taste for chemistry. (Dr. Parrish used to insist on his pupils attending at least six months in a drug-store before graduating : a most admirable requisition.) This was anterior to the commencement of pupilage in the office of the late Dr. Parrish, which began in April, 1809, and terminated at the period for conferring degrees in March, 1812. He attended three full courses in the University, which then had but five professors, and lacked the chair of obstetrics and the diseases of women and children. There was no special teaching in this department at that time. The Professor of Anatomy incidentally alluded to the topics. Dr. M.'s thesis was on *acidification and combustion*, and was published in the memoirs of the Columbian Chemical Society, with some alterations. This title does not appear in the general catalogue of the University, where the subject of thesis is often omitted. The question has been raised, more than once, how came it, that in the catalogue of this school's graduates, there are so many blanks in the year 1812 ? The names of the graduates are given, but the titles of theses, and the State whence the graduate came, are frequently omitted. The class of session 1811-12 numbered 387, and there were 70 graduates. In the large catalogue of 1836, of the 70 graduates of 1812, *sixty-two* have no thesis-title, and fifty-three are without any State designation. Can these defects be accounted for ? We learn that the Dean failed to attend the commencement exercises (if such they could be styled), because of discontent with the Faculty, in

respect to one or two candidates. A meagre gathering took place in the old Whitefield Academy on Fourth street, where, after reading the list of graduates, the announcement was made that the diplomas were to be had in the basement of the Medical Hall, and so the parade ended. The Dean refused the list of graduates to two of them who called upon him for it for publication. The ire of the gentleman was roused, and he would not comply with the usual practice. It is believed that, of the entire graduating class of 1812, only twelve survive, and five of these have been, or now are, professors in medical schools !

*Coxe's Medical Museum*, *New York Medical Repository* and *Dennie's Port Folio* contain papers written by Dr. M. prior to graduation, all of which were on medical subjects. Early in 1812, Dr. M. was appointed Professor of Vegetable and Animal Physiology in St. John's College, connected with the Lutheran Church on Race st. The late Professor James Cutbush, who was for several years Professor of Chemistry in Geneva College, N. Y., and whose monument stands back of that village, held the chair of chemistry and mineralogy at the same time. Dr. Benj. Rush in the same year advised Dr. Mitchell to put notes to Richerand's Physiology, and publish it, which he declined.

In May, 1813, Dr. M. was appointed by Gov. Snyder to the office of Lazaretto Physician, which post he occupied for three years and then resigned it. Our medical charities in Philadelphia have *all* been started by medical men. Dr. Mitchell, in company with Dr. Samuel P. Griffith, established the Southern Dispensary ; Dr. Phineas Bond, the Pennsylvania Hospital ; Dr. B. Rush, the Philadelphia Dispensary ; physicians in the northern part of the city have established the Northern Dispensary ; and the Moyamensing Dispensary was established by Dr. James Bryan. Dr. Horner is probably father of the St. Joseph's Hospital.

In 1819 Dr. M. published a duodecimo, on the subject of medical chemistry. In 1820 he was offered the professorship of chemistry in Ohio University, at Athens, Ohio, which he declined. From 1822 to 1831 he was actively engaged in practice at Frankford, near Philadelphia ; and previous to that time, in Philadelphia and Norristown. In 1826 he attempted to form a *Total Abstinence Temperance Society* at Frankford, but failed, and has been ever since a strong advocate of that principle. Physicians, in fact, have generally been foremost in this great philanthropic movement of our day.

In 1830 he received the honorary degree of A.M. from the Trustees of Princeton College, New Jersey. In 1831 he accepted the chair of Chemistry in the Miami University, to be located in Cincinnati. The faculty was formed in Philadelphia by Dr. Drake (then a teacher in Jefferson Medical College) during the winter of 1830-31, the late Drs. John Eberle and George McClellan being also of the faculty, although the latter never went to Cincinnati. In the summer of 1831 Dr. M. was appointed to the chair of Chemistry in the Medical College of Ohio, which was, soon after, amalgamated with the Miami Faculty.

Dr. M. published, in 1832, his valuable work, the *Elements of Chemical Philosophy* (about 600 pages 8vo.). It was issued by Carey &



Fairbank, of Cincinnati. This work has been introduced into many of the western colleges. A duodecimo volume, "Hints to Students," was published the same year. In 1832-3 he was co-editor of the *Western Medical Gazette*, in company with the late Professors Eberle and Staughton. In June, 1837, he was appointed Professor of Chemistry in the Medical Institute of Louisville. In July, of the same year, he was appointed to the same chair in the Medical Department of Transylvania University, at Lexington, Ky., and preferred the latter. He was transferred, in 1839, to the chair of *Materia Medica* and Therapeutics, which he continued to fill until he resigned in March, 1849. He filled, also, the chair of Obstetrics, &c. (made vacant by the decease of Prof. Richardson), in the session of 1845-6.

The first session of the Philadelphia College of Medicine was held in March, 1847, and Dr. M. filled the chair of Theory and Practice, Obstetrics and Medical Jurisprudence, in that session. In March, 1849, he joined this College, with the view of a permanent connection. He is thus restored to his old friends and to the city of his birth and early labors. He declined, in 1849, an appointment to the chair of Theory and Practice in the Medical Department of the University of Missouri, at St. Louis; also the same chair in the Memphis Medical Institute, where he might have selected his colleagues.

Dr. M. has always contributed largely to the medical periodicals of the day. Among those for which he has written most, may be mentioned, the *New York Medical Repository*, *Philadelphia Medical Museum*, *Western Journal of Medicine and Surgery*, *Western Medical Recorder*, *Western Medical Gazette*, *Western Lancet*, *American Medical Recorder*, *American Medical Review*, *North American Medical and Surgical Journal*, *Transylvania Medical Journal*, *New Orleans Medical and Surgical Journal*, *Esculapian Register*, and the *Memoirs of the Columbian Chemical Society*.

Who reads an American book? has been contemptuously asked. Who reads American medical journals? 'Tis time that Europe should open her eyes to what is going on, on this side of the Atlantic, in the divine art of medicine. This man, and hundreds of others, of our native physicians, have, during the last forty years, been building up a medical literature which must put to shame the revilers of native talent. The writings of our Mitchells, Lees, Chapmans, Eberles, McClellans, Drakes, Caldwells, Bells, and many others, are *standard* and some of them classical among our own medical men. "The course of empire westward turns," and Berkeley was right. Let us hold on to the sceptre of intellect. We have it, and let not foreign or native detraction make us forget our rights.

Professor Mitchell published, in July of last year, 1850, his *Materia Medica and Therapeutics*. At least it was published by Lippincott & Grambo, of this city, the worthy successors of Grigg & Elliot. This is an octavo volume of 750 pages, and is written in his usual manly and simple style. A new edition of Eberle on the Diseases of Children, to which Dr. M. has added notes and a sequel of some two hundred pages, was issued by the same house soon after the *Therapeutics*.

He has now a noble work almost ready for the press, of some six hundred pages, on the Fevers of the United States of America.

Was I not right in saying that our subject for this day's sketch was no exception to the general rule, of that fever of the mind which Lady Macbeth says should accompany ambition. We have only to add a few words in reference to him as a lecturer, a man and a citizen. Personally Prof. Mitchell is about five feet eight inches high, broad shoulders, a well-set head and neck, the former covered with short hair a *little* grey; a broad, well-formed forehead; a *good* mouth, garnished with fine, almost formidable teeth, and a voice like thunder; a fine manly countenance, with the straight Grecian nose of the literary man, and quick, intelligent eye; dressed plainly and unostentatiously in black, with the manners of a gentleman. His mode of lecturing is ready, fluent, extemporaneous and clear. The students listen to learn. His extensive reading and good memory make him ready, "armed at all points." There is not a better teacher of his branch in our city, perhaps not in the United States. He was educated under the eye of Rush and the gentlemen of the old regime, and consequently knows what is due to and from the medical profession. Blessed with considerable family, his heart is soothed by the assurance that his precepts have not been given in vain. One son is well known to the profession as the author of numerous medical articles in our Journals on various topics. He was named after the idol of our profession, Dr. Benjamin Rush, and is in the American navy in the medical department.

Prof. Mitchell's family connections now living among us are of the most respectable class of our citizens—bankers, professional men and merchants. He in fact is a pure specimen of a good old-fashioned Philadelphian, with a slight dash of the western man. Of such men the first half of the nineteenth century contains a number. They will add lustre to the period, and be remembered as the early pioneers in medicine in these our western wilds.

CATO.

#### MALIGNANT ULCER—DEATH

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The following case, which has recently occurred in my practice, I have thought might present some points of interest to the profession; and, if you deem it worthy of a niche in your valuable Journal, you will please give it a place—if not, let it remain *sub umbra*.

Mrs. ———, a married lady, æt. 39, of great moral worth and of the highest respectability, the mother of two children, one aged thirteen, the other eleven years, had been in feeble health for the last two years. She was naturally of a slender and delicate constitution. The only trouble complained of, the first year, was debility and a leucorrhœal discharge from the vagina, and, occasionally, incontinence of urine. For these symptoms, she had taken remedies before she came under my care. In June last, she was suddenly attacked with hemorrhage from the vagina—at first profuse, and afterwards a dribbling for three or four weeks. Un-

der the influence of acetas plumbi, ol. terebinth., and tonics, she so far recovered as to go into the country about the first of August, where she remained till the middle of October. She then returned to her residence in the city, somewhat improved, but evidently not in good health.

About the first of November, she was again suddenly attacked with hemorrhage, which was stopped by the above-named remedies for three days, when it returned and continued. This, also, was accompanied by persistent nausea and vomiting.

In these circumstances, the patient was seen by Dr. B. Carpenter, of Pawtucket, Dr. John Ware, of this city, and Dr. Chadbourne, of Concord, N. H. (the latter her former family physician), in consultation with myself. All agreed in the opinion that there was *local* disease about the *os uteri*, and that to no inconsiderable extent. But a perplexing question to us all, was, how so much local disease, and of such a character as we judged it to be, could exist, and yet the patient *never have had any pain*, nor the least tenderness upon pressure be discernible in those organs. The vaginal discharge had always been somewhat *fætid*, but was now extremely so. The large coagula, which were frequently thrown off, seemed to be of this very offensive character, as they were secreted, or thrown from the ulcer. No remedies were available in arresting, either the hemorrhage or the vomiting, and she sunk in twelve days from the occurrence of the bleeding.

A *post-mortem* examination, made by Dr. J. B. S. Jackson, of this city, in presence of Dr. Chadbourne and the writer, revealed extensive disease of the neck of the uterus. The *os uteri* was largely diseased, and the malignant ulcer (for the disease did not appear to be encephaloid) extended to the upper portion of the vagina. The *os tinæ* was entirely destroyed. The disease was evidently malignant.

There are two or three questions connected with this sad case, which are of much interest to the writer, and may, perhaps, interest also other members of the profession.

1. Could this disease be the result of *moral causes*? It is believed to have been so by the writer, and that the whole state of the body was debilitated by the mental anguish of the patient. The blood, upon the *post-mortem* examination, was discovered to be in the most fluid state. Indeed, it was evident this was the case from the hemorrhagic tendency in some other portions of the body (as the nose), before death.

2. Has any one ever known so extensive a lesion from a malignant disease, *unattended with pain*, and perfectly free from tenderness upon pressure?

W. M. CORNELL, M.D.

Boston, Nov. 23, 1851.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 10, 1851.

*Massachusetts Medical College.*—It is gratifying to learn that the medical lectures at the college in this city are of a high order, and the progress



of the institution was never more satisfactory to the friends of medical science. Three of the faculty have but recently returned from Europe, refreshed and invigorated by a tour of peculiar interest, which gave them the advantage of an acquaintance with the most recent discoveries and improvements, besides a social intercourse with the master spirits of the age, in the various scientific departments of the Universities of the Old World. Some additions have recently been made to the cabinet of the school, which will be found intensely interesting to those who can afford an hour in the museum.

All the schools are flourishing, as far as intelligence from them has been received the present season. Whether the number of students in attendance will equal the aggregate of the last season, can only be determined by the official catalogues—not one of which has yet been received, nor are they to be expected till about the middle of January.

*Action of Water on Lead Pipes.*—The attention of readers is requested to the following circular of one of the Committees appointed at the last meeting of the American Medical Association. It is only by a generous and hearty assistance from their professional brethren that the full benefit of these committees is to be obtained.

TO THE MEMBERS OF THE MEDICAL PROFESSION IN THE UNITED STATES.—The undersigned, a Committee of the American Medical Association to report on “the action of water on lead pipes, and the diseases which proceed from it,” are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important, but hitherto generally unobserved subject. They therefore take the liberty of proposing the following questions.

1st. Have you, in your practice, met with cases of lead or painter’s colic produced by using water drawn through lead pipes, or contained in leaden cisterns?

2d. Have you met with cases of arthralgy? If so, have they been attributable to this cause?

3d. Have painful neuralgic diseases been observed by you, among persons using water thus exposed to lead?

4th. Have you seen instances of lead encephalopathy?

5th. Have you observed paralysis as a precursor, concomitant or sequel to either of the above forms of disease?

Answers to any or all the foregoing questions, and any facts or information as to any form of disease originating in the use of water impregnated with lead, will be very gratefully received. Accurate descriptions of all cases would be very desirable, especially their early history. It will also be very important to know the length of time each individual case had been exposed to lead before the disease became manifest.

As the report must be made at the annual meeting of the Association to be held in Richmond, Va., in May next, it is desirable that all information should be forwarded to any one of the Committee previous to the first of March next.

<p>Waltham, Dec. 5th, 1851.</p>	<p>HORATIO ADAMS, Waltham, Mass. SAM’L L. DANA, Lowell, JOHN C. DALTON, “ “</p>	}	Committee.
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P. S.—Editors of Medical Journals and publishers of newspapers, throughout the Union, are respectfully requested to give the above an insertion in their respective Journals.

*History of Hospitals.*—Dr. Armsby, of Albany, N. Y., President of the Albany Co. Medical Society, gave the annual address, a short time since, which was replete with historical information in regard to the erection of hospitals, from a remote epoch down to modern times. Through the Albany papers, a synopsis, only, of the discourse has reached us. If it should be published, as the dignity and interest of the subject demands, something more will be known of it. Dr. Armsby has been before the world long enough to hazard nothing by being often read. An intimation is given that the address abounds with various facts connected with the organization of hospitals and the provision for the sick in the East. Having had a familiar acquaintance with some of the most ancient institutions of that character, in the Orient, we are desirous to know what Dr. Armsby may have said of them.

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*Hints to the People.*—Wm. Maxwell Wood, M.D., has elaborated a little book which bears the modest title of "Hints to the People upon the Profession of Medicine." Dr. Wood belongs to the U. S. Navy, where he has acquired an amount of experience that warrants him in speaking boldly in regard to what he believes to be true or false respecting the character and practices of medical and pseudo-medical advisers. He has endeavored to reach the understanding of those who do not reflect long or soundly upon topics of vast importance to them. Each individual is liable to the infirmities that require medical assistance; and because there is such looseness of thought, or lack of all thought, among the masses where quackery most flourishes, this essay is sent forth, and is calculated to arrest the attention, lead to reflection, and finally, it may reasonably be hoped, to the exercise of good judgment. Nothing is more preposterous than the preference which is sometimes given by otherwise sensible persons, to an ignoramus in medicine, simply because it seems to gratify an innate spite against well-bred, educated men. If there is no good time coming, when a fit preparation for administering to the sick and the dying is to be held in higher estimation than mere pretension, then we had better abandon the ranks, and cultivate the fields—a noble employment, concerning the character and utility of which there can be no division of sentiment.

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*Lectures on Scarlet Fever.*—Casper Morris, M.D., is the author of a neat volume upon the subject of scarlet fever, that will be likely to command the respectful consideration of medical readers. There are eight lectures, originally delivered to the class of the Philadelphia Medical Institute—revised, and committed to the press, with a conviction that the views they express are true. "The practice founded on them," says the preface, "is believed to be the best adapted to the treatment of a formidable and often fatal disease." Notwithstanding the original appearance of the series in the Medical Examiner, it is gratifying to have the whole in the form of a distinct library book. The work is from the celebrated press of Lindsay & Blakiston, Philadelphia.

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*Retro-Pharyngeal Abscess.*—A learned article on this subject appeared in the New York Journal of Medicine, by Charles M. Allen, M.D., and has since been issued in a pamphlet of thirty-eight pages. It contains a medical history and treatment, with a statistical table, of fifty-eight cases, and will be found to possess strong claims to the careful perusal of practition-

ers. Cases and facts abound in Dr. Allen's paper, with little or nothing of a speculative character.

*Female Medical Colleges.*—These are multiplying, but assuming more character with the process of development. It is the opinion of a majority of medical practitioners, that these female schools of medicine, which were ostensibly at first intended for teaching the principles and practice of midwifery, are unnecessary. But there have been, and there still are, prominent medical gentlemen in the leading cities who entertain the opinion that it is the appropriate business of females to aid each other in childbirth. This has materially strengthened the hands of the few who originated and subsequently matured a plan of organization, which has resulted in no less than three if not four chartered institutions for the instruction of females in the science and art of medicine. These having been called into existence, and the public sympathy being with them, and the public voice resolute in its determination to sustain them, the course that physicians are to pursue is indicated. They have utterly failed to prevent their organization and growth, or deprive them of legislative protection. To obviate the greatest injury which may result from them, physicians may find it expedient to unite and make them as respectable as possible. In this way they may be saved from becoming tools for knaves and unprincipled persons—those who care less for the public weal than their own pockets. There are men of foresight and wisdom associated in these enterprises; and ultimately, if the various bodies of trustees cordially unite in securing competent professors, the prospect will brighten, and, going from one improvement to another, these schools may be finally merged in the regular medical colleges, and substantial good, in the end, be realized from an anticipated evil. This is the only way that occurs to us, to meet the case. It is useless to fulminate anathemas, or work ourselves into a rage, and be laughed at for a senseless display of ill will, that would only exasperate some of the best members of society and fail of accomplishing any good purpose.

*New Hampshire Medical Institution.*—The medical commencement exercises were held, as we learn from the N. H. Journal of Medicine, on the 12th of November, in the Chemical Hall, Hanover, the day being the close of the term of public lectures.

An interesting Address was delivered before the graduation class, by Dr. J. S. Fernald, of Barrington; Dr. F. and Dr. T. H. Marshall, of Mason, being the Delegates from the New Hampshire Medical Society.

After the Address, the degrees were conferred upon the candidates by the President of Dartmouth College. Sixteen young gentlemen have been graduated this term, whose names (together with the subject of their Theses), are as follows:

T. P. Baldwin, A. B., Vershire, Vt.; Acute Hydrocephalus. Jos. W. Barstow, A. B., Keene; Uric and Phosphatic Diatheses. Albert W. Clark, Lyndon, Vt.; Inguinal Hernia. Charles E. Davis, Ashburnham, Mass.; Acute Pleuritis. Lafayette Denison, Lyndon, Vt.; Pneumonitis. Jas. C. Dow, Milton Mills; Reciprocal Duties of Physicians and Patients. Joseph F. Durgan, Lisbon, Me.; Typhus Fever. Timothy H. Helme, A. B., Brook Haven, N. Y.; Epidemic Cholera. Mills O. Heydock, Hanover; The Liver and its Diseases. Benjamin P. Hubbard, Elgin, Ill.; Na-



ture and Treatment of Intermittent Fever. Melvin J. Hyde, Grand Isle, Vt.; Hæmoptysis. Marcus Ide, East Calais, Vt.; Pneumonitis. Wm. B. Reynolds, Acton, Me.; Etiology of Consumption. Henry L. Rodimore, Bradford, Vt.; Inflammation. Wentworth R. Richardson, Otisfield, Me.; Anatomical and Physiological Characters of the Pneumogastric Nerve. Clinton Warner, Wethersfield, Ct.; Dysentery.

*Cod Liver Oil*.—Dr. Hays, of Philadelphia, reports extraordinary success in the treatment of a multitude of patients suffering under scrofulous ophthalmia, and granular lids, by the exclusive reliance on Cod Liver Oil. We have recently witnessed excellent results in the treatment of *Crusta lactea*, by the same remedy externally and internally. Dr. Dudley recommends this article in the morbid cravings of chlorosis, aided by a generous diet, and laudanum if necessary.—*N. Y. Medical Gazette*.

*Medical Intelligence*.—Dr. Cornell, of Boston, has received the appointment of professor of physiology, hygiene, and medical jurisprudence, in the Female Medical College, Philadelphia.—Dr. Arnold has been nominated by the Union party, for mayor of Savannah, Ga.—An apothecary, in Lowell, administered an ounce of belladonna, instead of an intended ounce of something else. The poor patient was saved, almost as by a miracle.—Smallpox is creeping in upon us again from the north, but the general health of the public is excellent.—Several medical works are soon to be published.—Dr. Bradbury, of Oldtown, Me., has recently amputated the thigh at the hip joint, disarticulating the joint. This is a most perilous operation in surgery, and one that has been but few times successfully done in this country. On the 52d day after, the patient was well.—The late A. Graham, Esq., of Brooklyn, N. Y., has bequeathed \$5000 to the Brooklyn City Hospital for the purchase of surgical instruments. He has also left \$5000 for the support of free lectures in that city, the same sum for a school of design and gallery of fine arts; \$10,000 to the American Colonization Society; \$5000 to the Home of the Friendless in N. York, besides a large number of other munificent bequests.—A new Medical College has commenced operations in Cincinnati, Ohio, which is the fourth in the State, legitimately such; besides the Homœopathic, Eclectic, Botanical, Physopathic, and other pseudo-colleges. A respectable Dental College is also located at Cincinnati.—Delegates to the American Medical Association from Chester county, Penn., to meet at Richmond in May next:—Doctors A. H. Gaston, W. Worthington, J. B. Brinton, W. D. Hartman, and S. Harvey.

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MARRIED,—At Chelsea, Dr. Charles Chase to Miss Elizabeth Thurlow Burbank.

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DIED,—In Philadelphia, Dr. Stephen Harris; Dr. Frederick Crowley, 38; Dr. J. M. Wallace, much respected, 37.—In Mercer Co., Penn., Dr. John Baskin.—On Long Island, N. Y., Dr. E. DeKay, celebrated as a writer on ornithology.

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*Deaths in Boston*—for the week ending Saturday noon, Dec. 6th, 78.—Males, 45—females, 33.—Accidental, 2—apoplexy, 1—disease of bowels, 1—disease of brain, 1—consumption, 17—convulsions, 3—cancer, 1—croup, 4—dysentery, 2—dropsy of brain, 4—drowned, 2—erysipelas, 1—typhus fever, 3—typhoid fever, 2—scarlet fever, 1—lung fever, 7—brain fever, 1—disease of hip, 1—hooping cough, 2—disease of heart, 2—infantile, 10—marasmus, 1—old age, 3—palsy, 1—puerperal, 2—scrofula, 1—unknown, 2.

Under 5 years, 25—between 5 and 20 years, 11—between 20 and 40 years, 22—between 40 and 60 years, 11—over 60 years, 9. Americans, 36; foreigners and children of foreigners, 42. The above includes 7 deaths at the City Institutions.

*Bristol District Medical Society.*—Agreeably to adjournment, the Bristol District Medical Society held their tenth Quarterly Meeting in Taunton, Mass., Sept. 10th. The President, Dr. Johnson Gardner, in the chair.

A communication was read from the Suffolk District Medical Society, recommending the adoption of certain resolutions. After a lengthy discussion—*Voted*, To lay it on the table till after the address.

Address delivered by Dr. Nichols, of Taunton, upon the "Influence which the intellect and passions exert upon the health of the bodily organs, and how in turn these organs re-act upon the mind."

On motion, a committee of three were appointed to take the Suffolk resolutions into consideration, and report resolutions upon the subject, embodying the sense of this meeting—who afterwards reported the following, which were unanimously adopted.

*Resolved*, That it is the duty of the Massachusetts Medical Society to look to its Constitution and By-Laws as its polar star.

*Resolved*, That the Constitution and By-Laws should always be construed in accordance with their true meaning and interpretation.

*Resolved*, That in accordance with the true meaning of the By-Laws, all matters of police, or violation of the laws of the Society, after having been investigated by the Counsellors, should be voted upon by the Society without any further investigation of the case in detail.

*Resolved*, That all differences which may arise between different members of the profession, as well as all violations of the Constitution and By-Laws, should be referred to the District Society in which the party or parties reside, for settlement, and in all cases of failure of a satisfactory adjustment there, either party may refer the matter in dispute to the Counsellors, whose decision shall in all cases be final.

Dr. Carpenter exhibited some splendid samples of medicine sent for examination by Philbrick & Trafton, of Boston, and stated that they did not deal in quack medicines or nostrums of any kind.

On motion, it was—*Unanimously Resolved*, That it is not only *duty* but the *interest* of physicians to patronize such druggists *only* as discard all quack medicines from their shelves.

On motion, the resolution which was laid on the table at the last meeting was taken up for discussion, viz.:—

*Resolved*, That the principles of Homœopathy, as set forth by Hahnemann, and as professed to be adopted by his disciples and followers of the present day, are contrary to reason and common sense, and that it is the duty of every friend of medical science to repudiate so great an absurdity and imposition upon the community.

After being discussed by most of the gentlemen present, it was *unanimously* adopted.

The Committee appointed to select a subject for discussion at the next meeting, reported the following:—"Are medical men as accountable for their sins of *omission* as *commission*? In other words, are medical men any less responsible for neglecting what they ought to do, than for doing (medicinally) what they ought not to do?"

Several cases were related where patients had lost their eye-sight in consequence of homœopathic treatment.

*Voted*, To adjourn, to meet at the Railroad House, in Attleborough, the second Wednesday in December next.

Attleborough, Sept. 30, 1851.

THADDEUS PHELPS, Sec'y.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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OBSERVATIONS ON THE TEAS OF COMMERCE.

BY R. WARINGTON, F. C. S.

IN my previous communication to the Society on this subject, in February, 1844 (Memoirs and Proceedings of the Chemical Society, ii. 73), I endeavored to show that there exist two distinct kinds of green tea, known in commerce as *glazed* and *unglazed*; that the former is colored by the Chinese with a mixture of Prussian blue and gypsum, to which a yellow vegetable coloring matter is sometimes added, while the latter are merely dusted with a small quantity of gypsum; that in the specimen of the so-called Canton gunpowder, this glazing or facing is carried to the maximum. I also mentioned, that I had never met with a sample of green tea in which the blue tint was given by means of indigo. Since the publication of that paper, I have been in communication with several parties of great experience in this subject, from whom I have received much additional information, which, with several experimental points of interest that have come under my own immediate observation, will form the subject of the present paper.

The first point to which I wish to call the attention of the Society is, the question of the blue coloring matter used by the Chinese for coloring the green teas being Prussian blue, because some doubts have been thrown on this subject from various quarters. Mr. Bruce thus states (Report on the Manufacture of Teas, &c., by C. A. Bruce, Aug. 16, 1839):—"The Chinese call the former (the indigo) *youngtin*, the latter (the sulphate of lime) *acco*." Now I am favored with the opinion of Mr. J. Reeves on this point, whose knowledge and experience render him most competent to decide in such a case; he believes that indigo is *never* employed for coloring used on tea, that the term *youngtin*, as used by Mr. Bruce, should be *yong-teen*, *foreign blue*, the name given by the Chinese to Prussian blue, in contradistinction to *Too-teen*, *native blue* or *indigo*; this, I think, is very conclusive evidence, and shows that Mr. Bruce's statement was erroneous.

In another quarter a surmise has also been published on this same point. Mr. Fortune, in his entertaining work (Three Years' Wanderings in the Northern Provinces of China, by Robert Fortune) on China, says, speaking of the ingredients used in dyeing the northern green teas for the foreign market, page 201:—"There is a vegetable dye, obtained



from *Isatis Indigotica*, much used in the northern districts, and called Tein-ching, and it is not unlikely that it may be the substance which is employed ;” again, at page 307—“ I am very much inclined to believe that this (the Tein-ching) is the dye used to color the green teas which are manufactured in the north of China, for the English and American markets.” This question, however, I think is now satisfactorily settled, and the experimental evidence I had adduced of the material being Prussian blue of a darker or paler tint, placed beyond a doubt by a positive demonstration ; for Mr. Fortune has forwarded from the north of China for the Industrial Exhibition, specimens of these materials, which from their appearance, there can be no hesitation in stating, are fibrous gypsum (calcined), turmeric root and Prussian blue ; the latter of a bright pale tint, most likely from admixture with alumina or porcelain-clay, which admixture may account for the alumina and silica found as stated in my previous paper, and the presence of which was then attributed possibly to the employment of kaolin or agalmatolite.

Mr. J. R. Reeves, in a letter to my friend Mr. Thompson, dated July 1, 1844, commenting on my paper, says:—“ Mr. Warington’s experiments have led him to correct results as to the substances used, which I know to be Prussian blue, gypsum (fibrous), and turmeric ; the second being sulphate of lime ; and the last, the ‘yellow, or orange-colored vegetable substance,’ which Mr. W. does not otherwise name. That the coloring is not intended as an adulteration, I feel quite sure. It is given to suit the capricious taste of the foreign buyers, *who judge of an article used as a drink by the eye instead of the palate*. You well know how little the London dealers, even now, like the yellowish appearance of uncolored green tea. The Americans, a few years since, carried the dislike even farther than the English, and therefore the Chinese merchant had scarcely any chance of selling his tea unless he gave it a ‘face’ that would suit *their fancy*. The small quantity of the coloring matter used, must preclude the idea of adulteration as a matter of profit.” Mr. J. Reeves states, “ that in the East India Company’s time, gypsum and Prussian blue were sometimes used upon hyson teas, Tien Hing using the first on his pale, bright hyson ; Lum Hing, the latter on his dark, bright leaf ; but these were only in minute quantities, just sufficient to produce an uniform face.”

It is still a question of interest, which I before alluded to, whether the gypsum in its *calcined* state is not used for the absorption of the last portions of moisture, and allowing the tea the better to withstand the damp of the sea voyage. Through the kindness of Dr. Royle, I have received, since my last communication, a sample of green tea from the Kemaon district, in the Himalayas, which is quite free from any facing, as are also the green teas of Java, a large number of which I have had the opportunity of examining, and which are exceedingly clean and genuine in their appearance and character.

*On Black and Green Teas.*—Although the preparation of green and black tea from the respective plants, the *Thea Viridis* and the *Thea Bohea*, has been warmly advocated by many botanists, yet it is now, I believe, pretty generally admitted by all parties, that both green and

black teas can be and are made, indiscriminately, from the same parcel of leaves, taken from the same species of plant. It is also well known to all persons, that the infusions from these teas have marked differences of color and of flavor, and that the effects produced on some constitutions by green tea, such as nervous irritability, sleeplessness, &c., are very distinct from those of black tea. Their characteristic physical differences are too well known to require any comment, but they have peculiar chemical properties to which we shall have occasion to allude more particularly presently, and which have always been attributed by chemists to the effect of high heat in the process of manufacture.

The question presents itself then—from whence do these distinguishing peculiarities arise, and to what are they to be attributed? From observations made in other directions, in the course of the routine work of the establishment to which I am attached, I had formed in my own mind certain conclusions on this subject. I allude to the exsiccation of medicinal herbs; these are for the most part nitrogenous plants, as the *Atropa belladonna*, the *Hyoscyamus niger*, the *Conium maculatum*, and others. The plants are brought to us by the growers or collectors from the country, tied up in bundles, and when they arrive fresh and cool they dry of a good *bright green* color; but, on the contrary, it is found that if they are delayed in their transit, or remain in a confined state for too long a period, they become heated, from a species of spontaneous fermentation, and when loosened and spread open emit vapors, and are sensibly warm to the hand; when such plants are dried, the whole of the *green color* is found to have been destroyed, and a *red-brown* and sometimes a *blackish-brown result* is obtained. I had also noticed that a clear infusion of such leaves evaporated carefully to dryness was not *all* redissolved by *water*, but left a quantity of *brown oxidized extractive matter*, to which the denomination *apotheme* has been applied by some chemists; a similar result is obtained by the evaporation of an infusion of black tea. The same action takes place by the exposure of the infusions of many vegetable substances to the oxidizing influence of the atmosphere; they become darkened on the surface, and this gradually spreads through the solution, and on evaporation the same *oxidized extractive matter* will remain insoluble in water. Again, I had found that the green teas, when wetted and re-dried, with exposure to the air, were nearly as dark in color as the ordinary black teas. From these observations, therefore, I was induced to believe that the peculiar characters and chemical differences which distinguish black tea from green, were to be attributed to a species of heating or fermentation, accompanied with oxidation by exposure to the air, and not to its being submitted to a higher temperature in the process of drying, as had been generally concluded. My opinion was partly confirmed by ascertaining from parties conversant with the Chinese manufacture, that the leaves for the black teas were always allowed to remain exposed to the air in mass, for some time before they were roasted. Mr. Ball, in his valuable work (*An Account of the Cultivation and Manufacture of Tea in China*, by Samuel Ball, Esq.) on the manufacture of tea, has described in detail the whole routine of these interesting processes, fully confirming my pre-

conceived opinions, and of which I cannot do better than give you a summary. Some of the facts, I believe, had been published in Batavia in 1844, by Mr. Jacobson (*Handboek v. d. Kult. en Fabrik v. Thee*), in the Dutch language. In the preface to his work, Mr. Ball says:—"It will be seen by dates incidentally adverted to, that the facts and most of the materials of this work, were established and collected thirty years ago." "These facts, as well as other materials, were derived from conversation with growers and manipulators from the tea districts; from written documents furnished by Chinese; from published works in the same language diligently sought out; and also from correspondence with a Spanish missionary long resident in the province of Fokim. These were all put into their present form full twenty years ago, and were read to one or two friends during my residence in China."—"They were not, however, so arranged, with any view to immediate publication."—"They were thus disposed, as the best mode of recording and keeping together the facts and materials I had collected."—"But it was not till the year 1844, when I received Mr. Jacobson's *Handboek* on the cultivation of tea in Java, that I found my own views so far confirmed, and my information such as to justify me in bringing my labors to a close."

The processes peculiar to the preparation of black tea, are styled *Leang-Ching*, *To-Ching* and *Oc-Ching*, and these all consist in carefully-watched and regulated processes of *spontaneous heating* or *slow fermentation* of the leaves until a certain degree of fragrance is developed. The leaves are said to *wither* and *give*, and become soft and placid. The utmost care, practical skill and experience are required in the properly conducting these operations, and as soon as the proper point is arrived at, the leaves are to be immediately removed to the *Kuo* or roasting-pan. After being roasted and rolled two or three times, they are then to be dried, and this is effected in the *Poey-long*, which consists of a cylinder of basket-work, open at both ends, and covered on the outside with paper; it is about  $2\frac{1}{2}$  feet in height, and  $1\frac{1}{2}$  in diameter, which diameter is diminished in the centre like an ordinary dice-box to one foot and a quarter. This stands over and round a small charcoal fire, and is supplied with cross-bars about fourteen inches above the fire, on which an open sieve containing the tea is placed; and a small aperture about an inch and a half in diameter is made in the centre of the tea with the hand, so that an ascending current of air and the products of the combustion pass through and over the tea contained in the sieve. A circular flat bamboo tray is placed partially over the mouth of this cylinder, and most probably serves to regulate the rapidity of the ascending current, prevent the admission of the cold air to the leaves, and at the same time allow a sufficient outlet for the generated watery vapors and the products of combustion. At the commencement of this operation, the moist leaves are still green and retain their vegetable appearance; after the drying has continued about half an hour, the leaves are turned, and again submitted to the heat for another half hour; they are then taken out, rubbed and twisted, and after sifting away the small dust, again returned to the sieve and drying tube. This operation of sifting



is very necessary, to remove any of the small tea or dust which might otherwise fall through the meshes of the sieve on to the fire, and the products of their combustion would deteriorate and spoil the flavor of the tea. The leaves have now begun to assume their black color; the fire is diminished or deadened by ashes; and the operation of rolling, twisting and sifting is repeated once or twice until they have become quite black in color, well twisted, and perfectly dry and crisp. They are then picked, winnowed, and placed in large quantities over a very slow fire for about two hours, the cylinder being closed.

Now, that this black color is not owing to fire is evident; for in cases mentioned by Mr. Ball, where the leaves have been dried in the sun, the same color is obtained; and on the other side, if roasted first, without the process of fermentation or *withering*, and then finished in the Poey-long, a kind of green tea is produced.

In the operations for the manufacture of green tea, on the contrary, the freshly-picked leaves are roasted in the Kuo at once, without delay, at a high temperature; rolled and roasted again and again, assisted sometimes with a fanning operation to drive off the moisture; and always with brisk agitation until the drying is completed.

The marked differences in the mode of manufacture of black and green tea, will, I consider, after what has been stated, fully account for all the variation of physical and chemical properties to which I have before alluded.

*Adulteration and Sophistication of Teas.*—Since writing my former paper, several teas have come under my notice which must be classed under this head. The first I shall mention is a sophistication which has been carried on in this country to some extent, and consists in giving the appearance of green tea to an imported black tea. The material used as the bodies for this process of manufacture is a tea called scented caper; it is a small, closely-rolled black tea, about the size of small *gunpowder*, and when colored is vended under this latter denomination, the difference in price between the scented caper and this fictitious *gunpowder* being about 1s. per pound, a margin sufficient to induce the fraud. This manufacture has been carried on, I understand, at Manchester, and was kept as secret as possible; and it was only after considerable trouble that some of my friends succeeded in obtaining two different specimens for me, that could be fully depended on, as originating in this manufactory. It appears that it is generally mixed with other tea, so as to deceive the parties testing it. How this manufactory was conducted I am not prepared to say:—but some preparation of *copper* must have been employed, as the presence of that metal is readily detected in the specimens I received. I believe, however, that this sophistication has ceased.

I have now to call your attention to another adulteration of the most flagrant kind. Two samples of tea, a black and a green, were lately put into my hands by a merchant for examination, the results of which he has allowed me to make public. The black tea was styled *scented caper*; the green, *gunpowder*; and I understand they are usually imported into this country in small chests called catty packages. The ap-

pearance of these teas is remarkable ; they are *apparently* exceedingly closely rolled, and very heavy ; the reasons for which will be clearly demonstrated. They possess a very fragrant odor. The black tea is in compact granules, like shot of varying size, and presenting a fine glossy lustre of a *very black* hue. The green is also granular and compact, presenting a bright pale-bluish aspect, with a shade of green, and so highly glazed and faced, that the facing rises in clouds of dust when it is agitated or poured from one vessel to another ; it even coats the vessels or paper on which it may be poured. On examining these samples, in the manner described in my former paper, to remove this facing, I was struck by the tenacity with which it adhered to the surface, and which I had never remarked in any previous sample, requiring to be soaked for some time in the water before it could be detached ; with this precaution, however, the greater part of the facing material was removed. It proved, in the case of the sample of green tea, to be a pale Prussian blue, a yellow vegetable color, which we now know to be turmeric, and a very large proportion of sulphate of lime. The facing from the sample of black tea was *perfectly black* in color, and on examination was found to consist of earthy graphite or black lead. It was observed that during the prolonged soaking operation, to which these teas had been submitted, there was no tendency exhibited in either case to unroll or expand, for a reason which will be presently obvious. One of the samples was therefore treated with hot water, without, however, any portion of a leaf being rendered apparent. It increased in size slightly, was disintegrated, and then it was found that a large quantity of sand and dirt had subsided ; this was separated by decantation, and collected ; it was found to amount to 1.5 grains from 10 grains of the sample, or 15 in the 100 parts. It was evident, however, that much of the lighter particles must have been lost in the process of decantation ; a weighed quantity of the sample was therefore carefully calcined, until the ash was quite white, and the whole of the carbonaceous matter burnt off ; it yielded a result equivalent to 37.5 on the 100 parts. During this operation, also, no expansion or uncurling of the leaf, as is generally to be observed when heat is applied to a genuine tea, was seen ; in fact, it was quite evident that there was *no leaf to uncurl*, the whole of the tea being in the form of dust. The question next presented itself as to how these materials had been held together, and this was readily solved ; for, on examining the infusion resulting from the original soaking of the sample, abundant evidence of gum was exhibited.

The sample of green tea was of a precisely similar kind to the black ; it yielded 4.55 grains of ash, &c., from 10 grains of the specimen, or 45.5 per cent. A specimen of Java gunpowder yielded 5 per cent. of ash ; so that we have in this sample 40.5 per cent. of dirt and sand over and above the weight of ash yielded by the incineration of a genuine tea.

Thus we have then in these samples a mixture of tea dust with dirt and sand, agglutinated into a mass with a gummy matter, most probably manufactured from rice-flour, then formed into granules of the desired size, and lastly dried and colored, according to the kind required

by the manufacturer, either with black lead, if for black tea ; or with Prussian blue, gypsum, or turmeric, if intended for green.

Since examining these two samples, I have obtained through a friend another specimen of green tea, having a very different appearance ; that is, better manufactured, or rather, I should say, more likely to deceive the customer, from its being made to imitate an *unglazed tea*. It is of a yellowish-green color, scented and granulated as the former samples, and not much dusted ; it yielded 34 per cent. of ash, sand and dirt.

On inquiry, I have learned that about 750,000 lbs. weight of these teas have been imported into this country within the last eighteen months, their introduction being quite of modern origin ; and I understand that attempts have been made to get them passed through the Customs as *manufactured goods*, and not as teas ; a title which they certainly richly merit, although it must be evident, from a moment's consideration, that the revenue would doubtless be defrauded, inasmuch as the consumer would have to buy them as teas from the dealer. It is to be feared, however, that a market for them is found elsewhere. The Chinese, it appears, will not sell them except as teas, and have the candor to specify them as *lie* teas ; and if they are mixed with other teas of low quality, the Chinese merchant gives a certificate, stating the proportion of the *lie tea* present with the genuine leaf. This manufacture and mixing is evidently practised to meet the price of the English merchant. In the case of the above samples, the black is called by the Chinese, *lie flower caper* ; the green, *lie gunpowder* ; the average value is from 8d. to 1s. per lb. The brokers have adopted the curious term *gum and dust*, as applied to these lie teas or their mixtures, a cognomen which at first I had some difficulty in understanding, from the rapid manner in which the two first words were run together.

I will subjoin the results obtained from the careful incineration of a variety of teas, as they may be interesting, for the purpose of comparison, and illustrate the point I have mentioned as to these spurious teas being mixed with genuine ones.

Gunpowder tea, made in Java, gave 5.0 grains of ash in the 100 parts ;	
Gunpowder, during the East India Company's Charter,	5.0
Kemaon hyson,	6.5
Assam hyson,	6.0
Lie gunpowder, No. 1,	45.5
“ “ No. 2,	34.0
Scented caper,	5.5
Lie flower caper,	37.5
Mixtures containing these lie teas, No. 1,	22.5
“ “ “ No. 2,	11.0

*Quarterly Journal of the Chemical Society, July 1, 1851.*

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 369.]

IN taking into consideration the leading characteristics and powerful agency of that gift of God which constitutes the supremacy of man over the rest of animated nature, *The Human Mind*, I began by attempting to



give a sketch (how brief soever and imperfect it might be) of its physiology. I traced a feeble outline of the different leading theories of its mode and power of acting on our corporeal organization ; illustrating the abstruse consideration by examples of its effects—its agency in generating disease—and its connection with various mental passions and emotions. I subsequently took a cursory view of the phenomena of its morbid condition, viz., *Insanity* ; and I now, in conclusion, propose to resume the subject of what must undoubtedly be considered the most awful visitation which “flesh is heir to.” It is much to be lamented that mental alienation, in one form or another, is, and must be, perpetually on the increase, for, endowed, as it is with an hereditary property more inherent than any other malady, it travels (though “*haud passibus æquis*”) with the increase of population ; and I believe that I am not guilty of exaggeration when I state that there are now no less than 80,000 persons in Great Britain and Ireland who are thus afflicted. Dr. Burrows, to whom I have frequently alluded, and whose authority is quoted by all modern writers on the subject, calculated that in six-sevenths of the whole of the patients under his charge the cause was traceable to hereditary disposition. Much of this is attributable to intermarriage, especially in the highest circle of society, where corresponding rank is a principal incentive to that state ; and it is distressing to observe how the young of both sexes will rush to the embrace of their wealthy and aristocratic admirers, if a coronet but form the crest, though insanity and scrofula may be the supporters to their arms ! Should the families of *both* sides be liable to insanity, the probability of this sad heir-loom is, *à fortiori*, doubled, and the manifestation of the disease will probably be doubled also in the offspring of persons

“ ————— *mox daturos*  
*Progeniem vitiosiore.*”

Yet, though insanity is ever on the increase, for reasons just stated, it is equally true and satisfactory to feel that, since it has become the subject of deeper study and closer observation, our knowledge of the treatment and general management of its victims is much enlightened and improved. An erroneous idea once prevailed that it was commonly incurable ; and the melancholy subjects of this infirmity were shut up in dungeons and dark cells, and subjected to coercion and cruelties on which it is painful to reflect. “Cribb’d, cabin’d and confined,” no effort was made to restore their intellect, or contribute to their comfort. They passed their gloomy days and wretched nights, year after year, in straw and darkness, till death in mercy came to liberate them from utter hopelessness and unremitting suffering. No commissioners visited them—no friends were permitted to approach them—and the melancholy all that awaited the poor wretches who were consigned to such infamous Bastilles was

“ *Lasciate ogni speranza, voi ch’ entrate !* ”

Thanks, however, to the enlarged philanthropy and enlightened aggrandizements of medical science of the present day, this national disgrace is swept away ; and the statistics of insanity clearly show that a

very large proportion of the insane are now restored to the light of reason, and to the use of all their faculties. Dr. Prichard states that, in *recent* cases, the proportion was 7 out of 8 in the York Retreat. The different forms of the disease are now more deeply studied; their causes ascertained; their differing character met with appropriate medical and moral treatment; and society is enriched by the resuscitation of many a valuable member that had else been forever lost to it. So amenable, in fact, is it now considered to proper management, that were it possible to obtain an exact comparison of the number of recoveries from other diseases with those of insanity, more would be found to recover from this than from most others. *Early* treatment is, however, so indispensable to rapid recovery, that, were the same prompt attention given to insanity that is generally given to other diseases, still happier results might ensue; but the invasion of mental derangement is often so insidious, and the relatives are so disinclined either to admit its existence, or to reveal it to any one, that the affliction is neglected till its real character becomes unquestionable. But why? as Horace says,

“————— Nam cur  
Quæ lædunt oculum festinas demere; si quid  
Est *animum*, differt curandi tempus in animum?”

Such, however, is the case—and the malady, becoming more confirmed by duration, is proportionally more difficult of cure. In estimating the prognosis, it will be necessary to review the particular species, the predisposing or exciting causes, the simple or the complicated character, the age, sex and constitution of the patient, as well as the duration of the disease—for the curability mainly, as I say, depends upon these circumstances. I gave a summary of them at the close of my last lecture, in accordance with the observation and experience of others as well as with my own; and the complexion of the malady is now so well understood, that the classification of curable and incurable patients is readily made in every asylum. The cure, however, is not always either permanent or complete. Relapses and recurrences are ever to be apprehended, and each relapse increases the tendency in proportion to the inherent liabilities of the person, or the excitement of the occasional cause. Sometimes recurrences appear to be periodical or intermittent, and I know one case in which the person so afflicted was so aware of the approaching visitation that he always presented himself for admission at a private asylum before each crisis arrived, and requested to be taken care of! The difference between a Relapse and a Recurrence is that, in the former, the symptoms can hardly be said to have entirely disappeared ere they present themselves afresh: in the latter, the restoration to sanity has been complete. The return in both cases generally arises from exposure to what originally induced it, be the cause what it may, and is ushered in by the same symptoms that first indicated its existence. The longer and more complete the recovery, the less is the liability to a recurrence, and as the frequency of recurrence or relapse arises mostly from premature discharge, patients should be considered exempt from every indication some time before their *Exeat* is signed. Recovery from mania is mostly gradual—a mitigation of the intense

symptoms becomes observable, with occasional lucid intervals. Sometimes it is sudden. I gave an instance of it in my last lecture from the abrupt and sudden intimation of a parent's death: but this is not common. The removal of patients from their own home, and from the circle of their own family, will frequently produce a rapid and strong impression on the malady. The new scene, and the attendance of strangers on patients, awaken the inward inquiry into their situation and position; and the raving state which had hitherto prevailed will lapse at once into a state of tranquillity and silence—"a consummation devoutly to be wished." Where, indeed, the excitement is inordinate, seclusion and confinement become indispensable. By seclusion, I mean simply the removal from noise, or any other excitement, to a quiet apartment, till this turbulent manifestation has subsided; and at the Asylum at Hanwell we find that there are apartments on purpose, the walls of which are all padded, and the floor protected by bedding, so that all possibility of a patient injuring himself is entirely obviated, whilst the irritation of coercion is at the same time avoided. These *derniers ressorts* are, of course, only in extreme cases.

It appears extraordinary that an organ like the brain, endowed as it is with all the phenomena which regulate existence, and which is so indispensable to life that even the slightest pressure on it simulates death, and annihilates all power both of mental and bodily action, *can* be so utterly disordered as to require incarceration year after year; and that, notwithstanding the privation of its principal functions, life should be protracted in so many instances to so late a period as maniacs attain—that its intellectual office, in other words, should be totally suspended, and its physical continue unaffected! Yet so it is in some few instances, as the census of the Continental asylums, as well as those of this country, can prove. In the comparatively few cases in which longevity occurs, the solution of the problem must be in the strength of the constitution, the absence of any mental anxiety or feeling, and the regularity of life; nor must we omit the care and attention paid to the health of the inmates of an asylum. Dr. Kitchener used to say that "Glass will last as long as iron, if you take care of it;" and perhaps nothing conduces more to longevity in ourselves (I speak on the presumption of our *not* being insane!) than regularity in our regimen as well as in our diet. The average mortality I believe to be about 1 in 4, and those who feel an interest in the subject have only to inspect the registry of the different asylums and make the calculation: suffice it to say that, in the aggregate (though there are many exceptions), the mortality of the insane very far exceeds that of an opposite condition, independently of the many fatal complications to which insanity is liable. Of these, by far the most frequent are apoplexy and epilepsy, and their concomitants, paralysis and convulsions, and these constitute, moreover, the principal fatal terminations. Very many sink from exhaustion, or, as Dr. Henry Monro terms it, "depression of vitality," accompanied sometimes by a general serous effusion and infiltration—the vital energy is exhausted, and the flame goes out because there is no more oil in the lamp. This is especially the case in melan-



cholia, and also where mania has generated into dementia and idiocy ; and inasmuch as insanity is a disease based on debility, such a termination may naturally be apprehended, especially where it has become chronic. In incipient or acute cases there is gradually more or less inflammatory action, with a vascular condition of the brain or its membranes ; but then it is of so asthenic a character as not to sanction depletion in its general acceptation. A few leeches to the head may relieve, and very often do relieve, and the same favorable result is derived from cupping, but the lancet is very seldom admissible, even in raving cases, and is now scarcely ever used. In puerperal cases, or in delirium tremens, we may almost pronounce it fatal, and a discrimination must always be made between inflammation and irritation. The latter state is that which mostly obtains in insanity, and universally in the forms which I have just mentioned. If blood be abstracted, it very rarely exhibits a buffy coat ; and what alteration may be observable occasionally is rather to be explained on the ground of that violent exertion and mental excitement which Hunter affirmed would alter more or less its properties. I attended a case of violent mania not long since, in which blood had been copiously taken by the lancet, and the arm had bled afresh after the surgeon had left the house. I found the patient bathed in profuse perspiration, violent as ever, and restrained by a straight waistcoat ; next day he sank and expired. A post-mortem examination was refused. But in very recent cases (and this was only of three days' duration) it frequently happens that no disease of structure can be detected. In no class of diseases is this more frequently the case than in those of the nervous system. The structure of the brain and nerves is so extremely delicate, and there is something so subtle in their mode of action, that considerable disturbance often arises in their functions without our being able to detect a corresponding physical cause. Many of their disorders are consequently termed *functional*, as we cannot demonstrate to any certainty on what species of diseased structure the various forms of insanity depend. The dura mater, except in cases of violent injury, is comparatively little affected.

[To be continued.]

## MEDICINA MECHANICA.

BY ISAAC PIDDUCK, M.D.

A BARRISTER complained of numbness in the anterior and middle part of the right thigh. The numbness had existed about four months, sometimes more and sometimes less perceptible, but never entirely removed, giving rise, in the patient's mind, to the fear of paraplegia, or, as he termed it, the barrister's paralysis. As he had formerly suffered from spasmodic stricture and hæmorrhage into the bladder, from passing the catheter, it was supposed that the numbness might be symptomatic of some morbid condition of the urino-genital organs ; but only negative replies were elicited by inquiries directed to ascertain that point.

As he was suffering from febrile catarrh, a purgative pill and a sudorific draught were prescribed. From the operation of these remedies

some relief from the numbness was obtained ; but in two days it returned in its former degree. It occurred to me, knowing that the occupation of my patient was sedentary, that the numbness might be entirely local, occasioned by sitting in some particular position. On requesting him to show me how he sat at his writing table, I saw instantly how the numbness had been produced and perpetuated from day to day ; for instead of sitting opposite, he sat sideways to his table. This position threw the principal weight of his body on the cutaneous branches of the sciatic nerve ; and hence the local numbness was clearly traced to partial pressure ; and this was further confirmed by a sensation of a glow of warmth following the numbness, after the pressure was removed.

This case is not recorded for the sake of anything extraordinary, either in its nature or its treatment, but for the very opposite reason—the frequency of the cause, and the simplicity of its cure. In anomalous affections of the nerves, unattended by disorders of health, careful investigation frequently leads to a discovery both of the disease and its remedy. The shoemaker, for instance, may suffer from constant gastralgia, owing to the pressure of the *last* on the epigastric region. The scribe may suffer from pain in the left hypochondriac region, from pressure against the desk. Pain may be felt in the knee-joint from pressure of a garter. Headache may arise from occupations occasioning a constant drag upon the cervical region by the prone position of the head, as in milliners and other needle-women. Pains and loss of power and sensibility may be felt in the arms and hands, by sleeping on the back, with the arms crossed over the head. Pains and loss of power may be produced in the fingers and wrist by grasping the pen too firmly in writing. This generally happens to persons whose hand-writing is good, but whose hand has become unsteady : the firm grasp of the pen is for the purpose of steadying the hand. It is probable that to this cause—viz., holding the brush—more than to the poison of lead, the wrist-drop of house-painters may be owing. Pains in the larynx and hoarseness of voice may be occasioned by reading aloud and preaching, with the head bending over the book or manuscript. Cases of this kind are of frequent occurrence ; they are intractable to remedies, but speedily cease on avoiding the exciting cause.—*London Lancet*.

## ON SUPERNUMERARY FINGERS AND TOES.

BY ROBERT CRAWFORD, M.D., RATHO.

THE following facts are worthy of being put upon record. They are curious and interesting in a physiological point of view, as illustrating the *paternal* influence on the *physical* conformation of the offspring, and afford an example of the rare occurrence, that a man may have by different women children with the same malformation, as observed by Lubber and Meckel, and, what is more rare still, that a deformity of the *father* may be transmitted to his children, as remarked by Burdodch and Osiander—nay, even to his children's children, disproving the notion frequently entertained, that monstrosities are depend-

ent on the imagination of the mother, frights, &c. &c., and, I may add, are independent of any *original* malformation of the germ, which has been assigned as a cause of these aberrations of nature.

Mrs. T., after a safe and speedy labor, was delivered of her second child, a strong healthy male, on 19th ult. The infant had two supernumerary fingers, one attached by a pellicle to the external aspect of the metacarpo-phalangeal articulation of each little finger. They were well formed, with nails and three phalanges each, but the tendons were in a very rudimentary state. Mr. Craig informs me that his former assistant, Dr. Legat, now in extensive practice at South Shields, attended Mrs. T. in her first labor, and removed from the baby (a female) two supernumerary fingers similarly situated. I have ascertained also from Mr. T., that he had two fingers removed in infancy from the same parts of the hands as his children had, the cicatrices of which he showed me. He has, besides, six toes on each foot. The supernumerary toes project from the dorsum of the middle metatarsal bones. All Mr. T.'s brothers and sisters had more than the natural number of fingers or toes—some both. His father, who had six toes on each foot, by a second marriage had a son and three daughters. There was nothing peculiar about the latter, but the son has the proximal extremity of both great toes single. They appear to bifurcate about the centre—or rather, each forms, *from the centre*, two toes surrounded by one continuous skin, terminating at the distal extremity by two nails each. A sister of Mr. T.'s, married, had four children, of whom one (a daughter) has six toes on each foot.

On the authority of a respected clerical friend, I also state the following facts, which he can personally verify, and which occurred in a parish where he at one time held the *cure* :—

A female relative (either a sister or aunt) of A. B., had a child with a supernumerary finger or toe on each extremity. A. B. married, he had eight children, two of whom had six fingers or toes on each extremity. A young woman in the neighborhood accused A. B. of being the father of a child with which she was pregnant; but this he strenuously denied. The woman brought forth twins, and each had six fingers on each hand, and six toes on each foot—certainly a remarkable coincidence, if the woman's accusation was false; but more probably a strong presumptive proof of the paternity of the offspring. I may add an instructive medico-legal fact, which occurred in the same locality, and which I state on the same authority. A theft was committed, and the authorities, while investigating the matter, detected the impression of a foot on the soil; it presented the appearance of *six toes*, and was traced to the son of A. B. without any difficulty.—*Edinburgh Monthly Journal of Medical Science*.

#### INCOMPLETE FACIAL PALSY.

[Communicated for the Boston Medical and Surgical Journal.]

SOME time since, Mr. A. H., of R., a gentleman past the meridian of life, of active and regular habits and sound health, was thrown from a



wagon and received some severe contusions upon the face and chest. After recovering from the immediate effects of the shock, there remained a slight and partial paralysis of the muscles of the right side of the face, along with a slightly impaired degree of sensation and a consequent feeling of numbness. It became a matter of therapeutical as well as speculative interest to make out the pathology of this affection. The impaired functions seemed to indicate that the nerves of sensation and motion were both implicated. It is to be regretted that the condition of the temporal, masseter and pterygoid muscles, the sense of taste on that side, and the condition of the right eye, were not noted. Local palsy is sometimes attributable to lesion of the portio dura of seventh, an exclusively motor nerve. Careful dissection shows that no portion of this is distributed to the temporal and masseter muscles. If on examination the muscles of mastication had been found to be affected, the probability would be lessened that the seventh nerve was in fault.

In this case the more reasonable conclusion seems to be that the trouble lies with the fifth pair of cranial nerves, or trifacial. This nerve, arising like the spinal by an anterior motor and posterior sensory root, and distributed by the ophthalmic, superior and inferior maxillary branches, the first two of which are sensory and the latter sensory and motor, seems to afford the most satisfactory explanation of the phenomena. The accident from which the affection dates excludes the probability of there being internal cerebral derangement by reason of congestion or plethora. The presumption is, that some compression or partial laceration hinders the perfect functional activity of the nerve. Such a condition seems to be unattended by danger, and precludes the fear of graver consequences ensuing than mere inconvenience. If the shock bruised or displaced the nervous filaments or caused an inflammatory effusion about them, time will probably restore its normal condition, and the effused lymph become absorbed, unaided, or by applications promotive of absorption. If a complete solution of continuity might be restored, it is easy to believe reparation of some divided fibres may be accomplished without difficulty.

E. SANFORD.

Wareham, Dec. 3d, 1851.

#### HEMORRHAGE OF THE LUNGS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—According to promise, I send, for insertion in your Journal, a report of a case of hemorrhage of the lungs.

Mr. Charles Lloyd, the subject of this report, is a policeman, residing at No. 26 Broome street, New York. He is about 30 years of age, light complexion, dark hair and eyes, sanguine temperament, enthusiastic in any thing he undertakes—a great politician, and addicted to the use of ardent spirits. In the discharge of his duties as a policeman, he is persevering and energetic. Owing to his occupation he is subject to all kinds of exposure, rendering him liable to take cold and to attacks of

fever. During the cholera of the summer of 1849, he was often called on to exert himself in his official capacity in helping persons attacked with that fatal disease while in the street, which greatly prostrated him; and on the occasion of one of his most intimate personal friends being attacked by this fell destroyer, he exerted himself more than usual, which brought on a profuse bleeding from the lungs. The blood spouted from his mouth and nose in a perfect torrent at every respiration. The hemorrhage was such that it would have been impossible for him to live an hour if it continued. Being his family physician, I was sent for; and as soon as possible I went to him. I found him prostrate from excessive loss of blood, and still throwing it up; yet he had a rapid, full pulse, arising from excitement, and his countenance bore that anxious expression peculiar to such cases.

In order to arrest the hemorrhage, I ordered, *R. Acetas plumbi*, ʒ ss.; acid acetic, ʒ ss.; aqua, ʒ vj. *M.* Dose—a tablespoonful till the bleeding ceased. *R. Lycopus Virginicus*, ʒ j.; aqua, ℥ i.; boil for 20 minutes and strain; the decoction to be drunk freely. *R. Acid acetic*, alcohol, aqua, āā ʒ viij.; ice, q. s. *M.* This lotion was continually applied over the region of the heart and around the throat; and in the course of a few hours the hemorrhage ceased. This left him with an irritable state of the lungs, resulting in inflammation and eventually a slight ulceration. I then placed him under the same treatment used in the case published in this Journal (No. 16, p. 330), with the exception of the morphine in the syrup, for which I now substituted the prepared naphtha. Under this treatment he rapidly recovered and is now well.

I will here remark, that in these cases of disease of the lungs, where ulceration of them has set in of so grave a character as to produce that species of expectoration which is of a dark blue or brown color, and which sinks to the bottom when spit in a tumbler of water, then the use of the naphtha is decidedly dangerous, and in fact will hasten the termination of the case in death. But where the morphine is used instead, with the addition of the paste althæa, the result will generally be favorable. This I say from experience in numerous cases.

Yours respectfully,

J. X. CHABERT, M.D.

No. 431 Grand St. N. York.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 17, 1851.

*Surgery at the Mass. General Hospital.*—To the question, what is doing in surgery in Boston the present season? we reply, that at the Massachusetts General Hospital every medical stranger, while remaining in the city, may have an opportunity of ascertaining for himself. The officers and faculty have uniformly thrown the doors of the operating theatre open to the profession, without any restrictions. There are all the appliances, together with the skill, tact and carefulness, which can be found in any institution in christendom, devoted to the alleviation and cure of the sick and afflicted. Whatever important is doing in surgery, is principally con-

centrated at the hospital, and consequently the facilities and opportunities there afforded for practical knowledge are of the highest order. It is a valuable school of surgery, and has been so through the whole period in which Drs. Warren, Hayward and Townsend, and their associates, have been connected with it.

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*Monthly Law Magazine.*—It may be thought entirely out of place for a professed medical publication to advert to a subject so disconnected with its own legitimate objects as that of law. We consider it allowable, however, to digress occasionally from the grave consideration of medicine and maladies, for the purpose of viewing the progress of other learned professions. Law and lawyers are quite as interesting to the main body of the people, in all civilized nations, as physic and physicians. The study and practice of law is the highway to distinction in states and nations, while that of physic necessarily chains down the attention and efforts to a limited circle of action. The physician may be celebrated at home, yet unknown to the masses a hundred miles from his residence. On the other hand, the accomplished practitioner of law may be without reputation where he is best known, and become the idol of the people at a distance. Medical men are apt to become too circumscribed in their studies. The world is rolling on from day to day, and knowledge is increasing; but some of us pay no regard to any thing that does not have the odor of drugs or a sick room. This leads to a disregard of the general progress and condition of society—every department of which has its high interests and properties, and its influences on individual and the public mind. The literature of the law is extremely rich, because it embraces the varied treasures from every source and region of thought. And because it possesses such elevated charms, exercising the intellect in the most agreeable manner and in the loftiest sphere of mental activity, we recommend to the brotherhood to devote some of the few leisure moments, which may be detached from the pressing and necessary cares of their daily calling, to its perusal. Those of them who have a taste for fine writing, logical argumentation, and moral dignity of expression and sentiment, we would advise to take the *United States Monthly Law Magazine*, a work published in New York, by John Livingston. It contains a digest of the transactions of the courts; furnishes a synopsis of all the new publications on law, and registers the decisions and opinions of the first legal minds of the age.

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*Misunderstandings among Medical Men.*—An impression is entertained by the public, that physicians are less friendly towards each other, than gentlemen of the professions of law and divinity. And to illustrate this position, they cite the alleged condition of things in many country towns, where two or three physicians, of equal standing, hold each other in sovereign contempt, and for years in succession neither speak to nor recognize each other. This is to some extent true, and it may be added that there are practitioners also in cities who cannot tolerate the least allusion to certain of their brethren without execrating them, and exhibiting a vindictiveness of spirit that must make themselves as unhappy as it does their conduct ridiculous. Local medical organizations have an excellent influence in mitigating some of this jealousy and irascibility of temper. In the country towns, we believe these antipathies, and spiteful exhibitions of a



bad temper badly controlled, are much less frequent than formerly. Different state and local societies have wisely adopted a system of regulations which tends to check the evil, and which is binding alike on all their members. But notwithstanding all these excellent precautions, the leaven of discord shows itself quite too often, and sometimes in places where it would hardly be expected. Letters are not unfrequently received by us, which animadvert with culpable severity on those who would be quite astonished to learn how they were estimated by a rival. We never, under any circumstances, knowingly fan a flame of discord, and therefore invariably refuse to propagate or in any manner be instrumental in perpetuating or giving currency to feuds between professional brethren.

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*Medical Memoirs.*—Several distinguished members of the profession have quite recently died, in different sections of the United States, a history of whose lives would be read with satisfaction. Biographical sketches are difficult to obtain. If those having the opportunity would furnish the leading circumstances in the lives of those physicians who have finished their earthly career, and seasonably transmit to us even the shortest biographical sketch, the obligation would be felt in every medical circle. The autobiography of the late Dr. Knowlton was read with much satisfaction, and Dr. Tabor, in placing it at the disposal of this Journal, contributed to the gratification of a great body of readers.

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*Saponaceous Dentifrice.*—A new and agreeable preparation for cleansing the teeth is beginning to be extensively manufactured by Mr. E. Davis, of Cambridge, Mass. The brush being slightly drawn over the cake, produces a lather of the richness and flavor of cream in the mouth, at the same time thoroughly and effectually accomplishing all that can be desired in cleansing the teeth and gums. This compound is free from the objections urged against the use of some powders, which grind and scratch the enamel, and particles of which work themselves in between the neck of the tooth and the socket, leading to serious results. Mr. Davis has been careful to mix nothing that could possibly act upon the lime of the teeth, and all acids therefore are avoided. We are quite sure this dental soap, for such it really is, will have the approbation of all the dentists; and if so, it must obviously become a universally favorite article.

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*Kinesipathy.*—A new system of medical practice has been introduced into Europe, and it may naturally be expected that it will be imported, and sooner or later practised among us. It would not be strange were it to supersede and take the place of homœopathy, to which it is assimilated in other points besides a common lack of science or reason. It certainly is superior on the score of economy—for though the doses to be shaken in the former are infinitesimal and therefore portable and cheap, in the latter no doses at all are required, and all the mysterious movements and “shakings” are to be accomplished on the sick body itself! The originator of this improved system seems to have been a Swedish fencing master by the name of Ling, who is represented, in the Edinburgh Monthly Journal, to have been an universal genius. He was successively a graduate in theology, a volunteer in the Danish navy, a fencing master (in spite of gout in his arm), a lecturer on old Norse poetry, history and mythology,

a professor of fencing and gymnastics, a student of anatomy, physiology and other sciences, a writer of poetry, and, withal, "a man of high moral tone, pious, sincere and honest," and died in 1839 with the honors of knighthood upon him. His qualifications are therefore unquestionable! All that Ling himself appears to have really accomplished, and probably all that he claimed at first, was set forth in a work published by him, and may be considered as merely an improvement in the practice of gymnastics and calisthenics. Upon this has been engrafted the system of quackery alluded to above. M. Roth, M.D., of London, who comes before us clothed with Ling's mantle, has sent out an octavo of 300 pages, devoted to the treatment of disease by "movements," alias Kinesipathy. His interpretation of the term is as follows :

"By the word *movement*, in a medical and hygienic sense, is to be understood every change of position and difference of form, determined by time and amount, in the whole body, or in any part of it, and which may be produced by the organism itself, or by any animate or inanimate mechanical agent."

In accordance with this definition, there are a great variety of movements—quite as many as there are dilutions and potencies in the homœopathic system—and each and all possess great power over the human body, as is rendered plain by another quotation :

"Whatever exists in our body, either as a part of it or as a foreign substance, must at a certain moment have a definite shape; therefore every change of the space in one part necessarily produces a corresponding one in the surrounding tissues—a change that is thence propagated to the most remote parts of the body, and which depends, with respect to its form, upon the amount of the alteration produced by the first movement."

Lest any one should still be in the dark, however, respecting what kinesipathy really is, we copy the full definition of one of the movements and its effects. It is called the

"*Chopping Movement*.—Chopping consists in alternative short blows, produced by the external sides of both the operator's hands. Choppings are principally used on the posterior surface of the trunk, chest, and also on the limbs. If it is desirable that the succussion produced by this movement shall be less and softer, then the chopping is done with the external edges of the two little fingers, while the other fingers are spread apart, but not kept spasmodically fast, so that they act also by striking upon the little finger.

"Chopping may be confined to one part only, or may be exercised on a larger surface, by constantly moving the position of the hands. The chopping is called a *longitudinal* one, if the hands are moved in the longitudinal direction of the trunk or of the limb; and a *transversal* one, if the blows are executed across the limbs.

"*Effect*.—Choppings produce generally a venous absorption in the capillary texture, not only of the external skin and the tendinous expansions, but also, if more strongly used, in the muscles and bones; in imperfectly paralyzed muscles they excite the innervation both of the motory and sensitive fibres. If directed on the lower extremities, on the soles, they act very well in hæmorrhoidal complaints, headache, &c. On the chest or along the spine, they are efficacious specific movements in certain complaints of the chest, partly by their direct influence on the muscles of the chest, partly by the tremulous, passive vibration communicated to the lungs."

Then there is the "shaking movement," the "rising-up movement," the "letting-down movement," "transversal chopping," "vibration," &c.

&c., which we have not room to describe. These "movements" are all claimed as a remedy in acute as well as chronic diseases. In gonorrhœa, even, cases are brought forward to show their great efficacy. Can quackery and imposture "further go"? It does really seem as though we might hope that "things will come right at last," when such a multitude of absurdities and inconsistencies are countenanced and supported by those who break away from, or who never have entered, the ranks of legitimate and scientific practice.

*The Jenner Monument.*—As has already been mentioned in the Journal, efforts are now making to collect funds in this country to aid a committee in London in erecting a bronze monument in that city, "as a tribute from all nations," to the memory of Dr. Jenner for his discovery of vaccination as a preventive of smallpox. The committees appointed in this country to solicit subscriptions are, Drs. John C. Warren, John Ware and James Jackson, of Boston; Drs. Martyn Paine, Horace Green and Chas. A. Lee, of New York; and Drs. Geo. B. Wood, Robley Dunglison and T. D. Mütter, of Philadelphia. The two first-named committees have decided upon limiting the subscriptions to \$1 each; but the Philadelphia committee have not thought it expedient thus to limit them, and they are therefore ready to receive the most liberal as well as the smallest donations. As the benefits of this great discovery extend to all classes of the community and to all climes, it is intended that the subscriptions shall not be confined to the medical profession, and all are therefore invited to contribute. We hope a liberal spirit will be manifested in this country, and that a generous fund will in due time be forwarded to the committee in London.

*Medical Charges.*—An action commenced last spring at Dedham, by Dr. Fininly, a resident of Dorchester, against Mr. Newhall Martin, of Charlestown, for services rendered in visiting defendant's son twenty different times, a boy 9 years of age, which case was referred to a committee of doctors, viz., Drs. J. W. Bemis, Henry Lyon and J. H. Wetherbee, has been undergoing examination within a few days past, in Justice Griffith's office in Charlestown. The boy was afflicted with the hip disease. It appears that Fininly charged for the twenty visits \$150. The defence showed that the plaintiff had been paid \$27; that he promised to make the leg as good as the other; that the patient is now in as bad condition as ever; and that Fininly is not a regularly-practising physician, but rather a mathematical instrument maker.

We understand that the decision of the referees has been made, sealed, and passed over to the Clerk of the Court of Common Pleas of Norfolk, and at the next term of said court it will be made public.

TO CORRESPONDENTS.—Dr. Parkman's report of an operation for Ovarian Dropsy, Dr. W. W. Reid on Reduction of Dislocations of the Femur, "Delta" on the Fevers of Suffolk Co., N. Y., and Dr. Tukesbury's case of Triplets, are received, and will be inserted early.

*Deaths in Boston*—for the week ending Saturday noon, Dec. 13th, 75.—Males, 34—females, 41. Asthma, 1—accidental, 1—abscess, 1—disease of bowels, 1—disease of brain, 1—calculus, 1—consumption, 18—convulsions, 2—canker, 2—croup, 1—debility, 1—dysentery, 1—delirium tremens, 1—dropsy, 3—dropsy of brain, 2—exhaustion, 3—fever, 1—typhoid fever, 1—brain fever, 1—scarlet fever, 1—rheumatic fever, 1—lung fever, 5—gastritis, 1—disease of heart, 5—infantile, 4—disease of liver, 2—marasmus, 3—old age, 4—palsy, 1—smallpox, 1—teething, 3—unknown, 1.

Under 5 years, 27—between 5 and 20 years, 6—between 20 and 40 years, 13—between 40 and 60 years, 14—over 60 years, 15. Americans, 37; foreigners and children of foreigners, 38. The above includes 8 deaths at the City Institutions.



*Postage on Medical Journals.*—We congratulate the readers and patrons of medical journals, and of magazines in general, through the country, that we have at last at the head of the post-office department a man who dares to put forth the dictates of common sense and equity, in opposition to unreasonable and unjust, though long-established regulations, in regard to postage. It is hoped that the following remarks, in the Post-master General's Report for the present year, will not be lost upon Congress—but that they will hereafter abolish the absurd distinction between “news-paper” and “periodical” postage, and thus take away from the assistants in the department at Washington the power of deciding that a monthly octavo, stitched and covered, in that city, is a *newspaper*, while unstitched and uncovered weekly octavos in other cities are not so. Here is what Mr. N. K. Hall says—and his remarks are sensible and to the point. The particular instances to which we have alluded, must have been presented to him. He also recommends abolishing the numerous rates, according to distance, on newspapers under the present law.

“It is difficult to assign a sufficient reason for charging upon such periodicals as the reviews, the numerous magazines, and theological, medical, and law journals, more than three times the amount of postage charged for the same distance on an equal weight of newspapers. Such periodicals are less ephemeral than the ordinary newspapers, and certainly not less beneficial in their influence. The same rates of postage, according to their weight, would be just and equitable, would simplify the accounts of the Department, and relieve it from the perplexing and often invidious duty of discriminating between different publications, and declaring one a newspaper and another *not* a newspaper, in cases where little difference can be perceived, and where the changed character of the next number of both might render it proper, in respect to such numbers, to reverse both decisions.”

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*Births and Deaths in New Jersey.*—The State of New Jersey is divided into 20 counties, and these are again subdivided into 185 townships, with a population, according to the *census* taken this year, of 489,333 souls. Returns have been sent to the office of the Secretary of State, from 131 townships in 19 counties, having a population of 357,652; and this amount of population in 131 townships, we may observe, is in fair proportion to the former. The number of births returned in these townships amounts to 9963, and the deaths to 5040. The ratio of deaths to the amount of population being 1 in  $71\frac{1}{4}$ , or 1.41 per cent., and the ratio of births to the deaths as (within a fraction of) 2 to 1. By the *census* returns, the number of deaths in the whole State amounts to 6467; and this too is in fair proportion with the above, giving a ratio to the whole population of 1 in  $75\frac{2}{3}$ , or 1.32 per cent.

This rate of mortality compares well with the larger cities of the land: that of Boston being 1 in 45; Philadelphia, 1 in 42.03; and New York, 1 in 37.02; while Newark, in this State, gives 1 in 85, and Trenton 1 in 77.

Still, although the rate of mortality is lower than the cities just mentioned, yet it appears by the *census* returns that the rate in Pennsylvania is lower than that of New Jersey—the former being 1 in 81, or 1.27 per cent. of the whole population.—JAMES PAUL, M.D., in *New Jersey Medical Reporter*.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### OVARIAN DROPSY.

ATTEMPTED REMOVAL OF THE CYST BY THE SMALL ABDOMINAL INCISION, PROVING UNSUCCESSFUL FROM THE ABSENCE OF A PEDICLE—RECOVERY.

[Read before the Suffolk District Medical Society by S. PARKMAN, M.D., one of the Surgeons of the Massachusetts General Hospital.]

MRS. D., aged 41, placed herself under my care at the Hospital, Aug. 12, 1851, for the examination and treatment of an abdominal tumor. She is of the medium stature, and of a thin habit of body and sallow complexion. She was first married at the aged of 21, and had one child within a year. She then had two miscarriages, and after the loss of her husband, was, after the lapse of several years, married again, and has had one child since. Her general health has always been good, and the catamenia regular, except that within the last year and a half, since the formation of the tumor, their appearance has been preceded for several days by severe bearing-down pains, which have continued after their cessation.

The history of the growth of the tumor was as follows. Sixteen months previous to my seeing her, in the month of June, she first perceived a "bunch" in the left iliac fossa, and soon after experienced sensations similar to those caused by motion. She considered herself pregnant, and her opinion was confirmed by the fact that she had had morning nausea in the spring preceding. This swelling advanced as in pregnancy, and she made her preparations to be confined in November. This time, however, passed by, and the motions still continuing, she considered herself to have made a false reckoning. In January she was seized with intermitting bearing-down pains, which she regarded as the commencement of labor. Her physician, Dr. Salisbury, of Medway, was sent for, who undeceived her, and informed her of the existence of an ovarian tumor. At this period she was ill for some time, and Dr. Salisbury has informed me that she had symptoms of ovaritis of the right side in addition to the tumor of the left. From this she recovered, and resumed her usual avocations, the abdomen still continuing enlarged as of a woman in the seventh month. She described herself principally embarrassed by the weight of the tumor, pain in the back, a general sense of uneasiness over the abdomen, and a frequent desire for micturi-

tion. Her object was to have an opinion on the nature of the disease, its prognosis and treatment.

An examination by the eye, of the naked abdomen, with the patient lying on her back, showed an enlargement rising nearly to the ensiform cartilage. The form of this enlargement was worthy of note. It did not distend or protrude the false ribs, but appeared to cease before arriving at them. There was also some appearance as if the tumor might be lobulated. These lobes were large, and only three in number; they were not well marked, however. The skin of the abdomen was smooth and without marks of distension. The most prominent part of abdomen was about umbilicus. Examined by the hand, the tumor was felt readily moveable; that is, it could be swayed from side to side, like a body nearly filling the abdominal cavity. There was a universal fluctuation over the whole tumor, but the sensation was that of fluid closely confined. In the right iliac fossa there was an obscure feeling on deep pressure of the presence of a solid body. This, however, was not well defined. There was dulness over the whole abdomen, except in the epigastrium and the right and left lumbar regions.

A vaginal examination showed the mouth and neck of the uterus natural in size, &c., and pressure upon these parts appeared to have no influence upon the abdominal tumor.

The examination thus far conducted appeared to me to establish the existence of a certain quantity of fluid in the cavity of the abdomen, and, that this was contained within a cyst, seemed indicated by the peculiar shape of the tumor; by its being confined to the lower portion of the abdomen, and having no tendency to extend under the ribs when the patient was lying on the back; by the swaying motion that could be given to the tumor; and more especially by the closeness with which the fluid appeared confined, without any marked tension of the abdominal walls, as there certainly would be if the fluid were confined solely by them. The signs thus far seemed certainly to indicate an ovarian tumor containing fluid. It remained to determine whether the tumor was unilocular or composed of several cysts, and also the probable amount of solid matter that entered into its composition. This could only be done by an evacuation of its contents. Mrs. D. being somewhat fatigued by this examination, further research was postponed until the next day.

To assist in the diagnosis, and to give the patient the benefit of their advice as regards the treatment of the case, I called a consultation, for August 13th, of Drs. Perry and Storer, the attending physicians at the Hospital at that time; and of Drs. Townsend, J. M. Warren and Clark, my surgical colleagues in the institution. After a separate examination made by each of these gentlemen, I proceeded to puncture the abdomen, midway between the umbilicus and the pubis, the patient sitting on the edge of the bed. This operation gave issue to three and a half quarts of a dark-brown, somewhat glutinous fluid, which a further examination showed to be of the specific gravity of 1012, and under the microscope to be rich in crystals of cholesterine. After the evacuation of the fluid the tumor entirely disappeared, except that there was from deep pressure an



obscure sensation of hardness in the left iliac fossa. There was no indication of the walls of a cyst.

As the result of the examination, it appeared clear to the minds of the gentlemen who had been consulted that the disease was an ovarian dropsy of the left side, that the fluid was contained in a single cyst, and that the bulk of the tumor was fluid, with but little solid substance; and it was decided that an operation was justifiable, provided the patient should so elect, after a full and complete statement of the dangers consequent upon it should be made to her. After the consultation, I saw the patient and found her very comfortable, except from some uneasy sensations in the abdomen which might be expected from the removal of the pressure to which she had been so long accustomed.

In the evening the House Pupil was called to her, and found her insensible, with eyes fixed and staring, respiration natural, however, and pulse 64—the nurse reporting that she had made considerable complaint of pain in back and abdomen. She gradually came out of this condition, but complained of great pain in the above-mentioned situations, which were likewise tender upon pressure. He suspected the attack to be hysterical in its character, but as a precaution applied six leeches to the abdomen, and afterwards a liniment of turpentine and oil.

The next morning, Aug. 14th, I found her still complaining of pain; the pulse, however, 64 and feeble. The general aspect convinced me that the attack was hysterical, and that there were no inflammatory symptoms. She was ordered *tr. valerian*, and the next day she was up and dressed. She remained in the Hospital until Aug. 19th, experiencing a considerable amount of uneasy sensation in the abdomen, not exactly pain, but sufficient to keep her constantly conscious of her situation. She was, however entirely free from the frequent desire for micturition, which she had experienced before the tapping, and which was evidently due to the pressure upon the bladder. Examining the abdomen this day, some enlargement since the tapping could be readily perceived, and a tumor occupying the lower portion on each side of the median line could be felt, reaching higher on the left than on the right side. This tumor is not hard, but gives the sensation of a cyst partially full. There is flatness over the tumor.

It having been decided that Mrs. D. should return to her friends, she was furnished with the following opinion to guide them and herself in their decision as regards the course she should pursue. I subjoin a copy of this opinion, that it may be seen that the case was fully understood.

“The following is my opinion in the case of Mrs. D.

“Her disease is ovarian dropsy. There are two alternatives.

“1st. To leave the disease to itself, tapping the tumor from time to time as it increases and the pressure becomes insupportable.

“2d. To remove the tumor by an operation.

“If the first alternative be adopted, it is not probable that the constitution would contend against the disease for a longer period than four years. The operations of tapping would require to be more and more frequent, as the tumor would become sooner and sooner filled after each

successive one, and of course there would be a certain amount of danger from inflammation after each time.

"If the second alternative be contemplated, the risk of the operation should be fairly understood. This, as nearly as can be estimated, is as one in three—179 cases having been recorded, and of these 59 have died. This number 179 includes, however, some unfavorable cases, as well as some where the character of the tumor was uncertain or mistaken for want of the accurate means of investigating employed at the present day. To balance this, however, it is probable that a certain number of unsuccessful cases have not been reported. All these circumstances considered, the risk may safely be estimated at not greater than one in three.

"In this case there are favorable circumstances which are deserving of note, viz. : The good health and good constitution of Mrs. D. The tumor being probably composed of a single cyst, without any large amount of solid substance, the disease can most likely be removed by a small incision, and the operations performed in this way have been more successful.

"If, after a careful consideration of the above, by Mrs. D. and her friends, it shall be decided that an operation should be performed, I should consider the earlier it was done the more favorable result might be anticipated.

(Signed) S. PARKMAN."

Furnished with this opinion, Mrs. D. left for her home, whence she returned August 25th, informing me that she had made up her mind to have an operation performed. She stated that she fully understood the subject, in all its bearings. I also received notes from Dr. Salisbury of Medway, and Dr. Patch of Canton, informing me that the matter had been discussed by the friends of Mrs. D. in their presence, and that they were sure that the risks and dangers were fully comprehended by all parties.

I examined her abdomen on the day of her return, and found no change worthy of note from the appearances of Aug. 19th. Now that her mind was decided upon the subject of the operation, I considered it perfectly proper to tell her, as an encouragement, that her case appeared one presenting all the circumstances most favorable to success.

My diagnosis may be stated as follows. There is good evidence for believing that the tumor is ovarian, composed of a single cyst, without much solid substance; whether its surface is free or adherent, whether pediculated or not, it is of course as impossible to predict in this case as it is in every one of the kind. The uncertainty which must exist upon these points, is to be reckoned in the chances for or against the success of the operation.

The operation I proposed for myself was as follows :—to open the abdominal cavity from the umbilicus to the pubis; to seize the cyst, drag it through the opening, evacuating its contents if necessary; to tie the pedicle and remove the tumor. If the tumor should prove adherent, and there should seem a fair prospect of separating these adhesions, I might, if necessary for the manipulation, extend the incision. If from the too intimate adhesions, or the absence of a pedicle, or any other

cause, it should be found impossible to remove the tumor, I should then have only a small opening into the cavity, and there would be no great exposure of the intestines.

The operation was fixed for Saturday, August 30th, and in the mean time the patient was removed from the public ward into a private room, her diet restricted to gruel, bread and tea, and a purgative of castor oil directed thirty-six hours before the time fixed for the operation.

Aug. 30, at 11 $\frac{1}{4}$  A. M., the operation was performed in the presence of the medical students attending the Hospital, and a number of medical gentlemen who had been attracted to witness it.

The patient being placed completely under the influence of sulphuric ether, an incision was made from one inch below the umbilicus to the pubis, through the skin and cellular tissue. The linea alba was carefully dissected, but the attempt to open the abdomen without exposing the recti muscles was not successful, from their close contact. The abdominal cavity was opened about midway in the external incision, and the walls being raised the section was completed. A small knuckle of intestine protruded, which was easily returned and retained by Dr. J. M. Warren, who lent his valuable assistance. Passing the forefinger and thumb of my right hand into the opening, I immediately detected the firm fibrous walls of the sac, flaccid from the previous evacuation of its contents. This I readily pulled to the surface of the abdomen, so that I could distinguish it with the eye, but the resistance that was offered showed at once that it was firmly fixed. I then passed my whole hand into the cavity, and found that the entire surface of the cyst was free, but that at its base there was no appearance of a pedicle. The peritoneum seemed to pass over it as it ordinarily does over the caput coli, instead of over the small intestine.\* This condition of things being confirmed by Dr. J. M. Warren, who likewise passed his hand into the abdomen, I decided to close the wound, leaving the cyst untouched. The wound was closed by a suitable number of simple interrupted sutures, say an inch and a half apart, passing through the whole thickness of the walls except the peritoneum, and the skin between them was brought together by other ones passing only through its thickness. Strips of adhesive plaster, with a warm moist compress, completed the dressing. No arteries required ligature, and little if any blood found its way into the abdominal cavity. The patient was then conveyed to her bed, perfect quiet enjoined, the knees supported by pillows, and heaters applied to the feet. The catheter was directed to be passed every four hours, to prevent any straining in the evacuation. The day being cool, the temperature of the operating theatre had been raised to 75° F. at the commencement of the operation, and it was directed that the room should be kept about the same. The time, from the beginning of the operation until the patient was arranged in bed, was three quarters of an hour.

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\* The growth of a tumor of this kind without a pedicle, and in the manner described, will be evident from a little consideration. The healthy ovary floats loosely, restrained by the fold of peritoneum called the broad ligament. When it enlarges in the usual manner, it grows upward, as it were, and the broad ligament is the pedicle of the tumor. If, on the contrary, it grows downward, it separates the folds of the broad ligament and obliterates it and there is no pedicle.



The following is the record which is taken from the Hospital books, giving the symptoms at short intervals. Mrs. D. was very carefully watched by Dr. Bunstead, the House Pupil at the time, who remained after his term of service had expired, that there might be no change in the attendance.

12½ o'clock.—The effects of the ether were still present. Pulse 84. Desired to have urine drawn off. 2 o'clock.—Pulse 75, and natural; no chill; skin warm; an occasional sharp pain in abdomen. 4¼, P. M. Pulse 76. Pain in abdomen more severe. No oozing from wound. No tympanitis. R. McMunn's elixir opii, gtts. xxx. 5¼, P. M.—Pulse 72; continuance of pain. Repeat opiate, gtts. xx. 7½, P. M.—Pulse 76, a little fuller; pain somewhat relieved; has slept an hour. 9½, P. M.—Pulse 84; rather restless; some nausea; no vomiting; an occasional sharp cutting pain through abdomen; uneasy sensations in back. Repeat opiate, gtts. xxx.

Aug. 31st, 2, A. M., 14 hours after the operation.—Pulse 66. Skin warm and moist. 8, A. M.—Pulse 76, of moderate fulness; edges of wound glued together; no oozing; no tympanitis. Has dozed at intervals during the night. No chill. The occasional darting pain through abdomen continues. May have balm or sage tea. 12, M.—Pulse 72. Has taken a cup of tea. 7, P. M.—Has dozed most of the afternoon. Pulse 75; feels comfortable.

Sept. 1st, 8, A. M.—Night passed comfortably; slight pain at intervals, as previously; no oozing from wound; abdomen supple and natural in appearance. 12, M.—Pulse 76, as before. May have gruel, 3 ij.

From this time, forty-eight hours after the operation, there were no symptoms that require a minute report. The pulse continued about the number usually stated above, varying from 75 to 85, except that on the Wednesday morning after the operation they were reported at 96, which was attributed to some motion of the patient for the purpose of changing her clothes. They soon returned to their usual number. On this day I renewed the strips of adhesive plaster, and divided the lowermost suture, as there was some tumefaction at the part of the wound involving the mons veneris. Patient moved herself with freedom, and was found during this day on her side.

On Thursday I removed all the sutures from the wound, which was united throughout except a little superficial suppuration at the lower extremity in the cellular tissue of the mons.

On Friday the bowels were gently moved by two doses of oil and lemon juice, 3j. each, with ten drops of laudanum. On Saturday she was allowed soda biscuit and beef tea, and on Sunday she had a small piece of steak. On Sept. 12th, fourteen days from the operation, she sat up; and Sept. 16th, eighteen days from the operation, she went out of doors, and for all practical purposes might be considered as well. She remained in the Hospital until the 22d of September, when she left for her home. At her departure the abdomen was natural in its appearance. Examined by the hand, however, a resistance could be detected at the lower portion, as if from the presence of some *soft* foreign body. The sac had not yet shown any disposition to refill.

The fact of the impossibility of removing the tumor not having been revealed to Mrs. D., although her friends had been made aware of the nature of the case, I judged it better not to undeceive her. Certainly some effect had been produced by the operation, as she firmly persisted that she was entirely relieved of the many very distressing abdominal sensations, which she had experienced not only before the tapping of the cyst, but between that time and the final operation. It is possible, though not probable, that the cyst will not refill.

Oct. 30th.—Two months from the day of operation Mrs. D. returned to the Hospital for an examination. She described herself as experiencing tolerably good health, though suffering somewhat from a recurrence of the old pain in the abdomen. When dressed there did not appear any enlargement of the abdomen. Examined, lying on the back, the abdomen uncovered, there was an evident appearance of the refilling of the cyst, although the walls of the abdomen were still flaccid, and no fluctuation could be distinguished. The sensation was rather that of a general fulness of the cavity than anything else.

This case, though unsuccessful, is still not without interest in several points. In the first place the failure was due to a condition, the presence of which it would have been impossible to foretell. We have not to regret an error in diagnosis. On the contrary, this was perfectly well made out, and proved, as regards all the points upon which it was possible. The tumor was diagnosed as ovarian, encysted, unilocular, and without much solid substance; and such it proved to be. The existence or non-existence of a pedicle, like the presence or absence of adhesions, must with our present means of investigation remain wrapped in obscurity—and this obscurity adds another chance to be considered in estimating the risk of an operation. In the second place the slight degree of constitutional re-action to the shock of, and the rapid recovery from, an operation so grave as an opening of the abdominal cavity and passing the hand into its interior, is worthy of note. The patient cannot really be said to have had any febrile excitement whatever. This may be attributed either to her excellent constitution, or to the care with which she was both prepared for, and watched after, the operation. The fact, however, only causes the more regret that in a case so exactly adapted for the operation, there should have been the ill-luck of the non-existence of a pedicle, as the presence of a ligature in the abdominal cavity might not have added much to the gravity of the case and its symptoms.

*Boston, Dec. 15, 1851.*

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FEVERS, &c., IN SUFFOLK COUNTY, N. Y.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have been much interested with an article in one of your late numbers, on that old subject, fever. Though old to some, it is new and interesting to many in these days, in which there is an almost entire change in the habits and manner of living, from that of people twenty

or thirty years ago. The perusal of the article alluded to has induced me to send you a few notes on the forms of fever found in this part of the State. I would refer more particularly to the southern branch of this isle of the sea, which is some fifty miles in extent, and varying in breadth from six to eight. A line of hills, ranging in height from thirty to one hundred feet above the level of the sea, extends, with few interruptions, the whole length. To the south of these hills there is a plain, of as fine a soil for agriculture and grazing as any in the State, extending to within a few rods of the sea. Along the southern border of this plain there are small bays and ponds of water, which receive their increase from springs or rivulets, and during the months of autumn from the overflow of the sea. Some of these have outlets, but the major part have none but artificial ones made by the inhabitants in the spring, and leaving much vegetable matter to be acted upon by the sun. During the spring and autumn there are frequent changes from land to sea breeze, which are not considered beneficial to health. The occupation of the people is principally agriculture, much that tends to enrich the soil being obtained from the sea.

The prevailing fevers may be classed—intermittent, typhoid and remittent, complicated with bronchial affections involving the pleura and neighboring membranes. In the spring months, pneumonia prevails; and as the seasons advance we have remittent fever, with all its complications attendant on sea and land air intermingled. It does not seem to prevail as an epidemic, but rather as an endemic, once in six or eight years. During the other years, one or two of them is marked with a number of bad cases of dysentery and diarrhœa. Continued fever may be seen with both states of the bowels. Intermittent fever is rarely seen. It formerly prevailed to some extent. A form of nervous fever, of which your correspondent writes, is seen quite often, coming on in the morning, and disappearing after mid-day. Here, it is supposed to arise from some hepatic difficulty; and when alteratives have affected the system, and mild tonics are used, it soon disappears.

A form of remittent fever running into typhoid has prevailed in this vicinity during the last two months, and exists at the present time, similar in many respects to your correspondent's description. Bronchial affections prevail at the same time to a considerable extent, and in some cases run fairly into pneumonia, and call for the most active antiphlogistic treatment, except bloodletting, which is not borne well by those living near the sea.

For the remittent fever, the remedies spoken of by your correspondent have been used with much success, though the mildest form of mercury has had the best effect. There has been but little difficulty about the head, some patients remarking they never had so little headache before when sick. There seems to be a peculiar idiocrasy of the people here—viz., they do not bear the usual quantity of medicine, or that which is well borne by the inhabitants of the main; and if the physician is not on his guard, he is causing a new disease in the system.

Within a few days the following case has occurred. Miss ———, æt. 64, of full habit and general good health, but who within a few days



had complained of a dull pain in the right side, with some swelling, had been rather costive for two weeks. During the summer she had a slight turn of diarrhœa. On the morning of the 2d inst. she went from a moist warm air to a cold one, to hang out clothes that had been recently washed. She returned to the warm room, and half an hour afterwards was found lying prostrate on the floor. The right side of the body had become completely paralyzed. Her hearing was distinct, and she was conscious of passing events, but had lost the use of the vocal organs. Tongue coated with dark yellow fur. Bowels inactive, and not moved without medicine. The secretion of urine deficient, thick and high colored, with sediment. Not any improvement in the case up to the present time. DELTA.

*Suffolk County, Dec., 1851.*

### CASES OF CROUP.

BY A. B. CLARKE, M.D., HOLYOKE, MASS.

[THE following extract from a letter on croup, to a practitioner of this city, was read at the last meeting of the Suffolk District Medical Society, and excited some considerable discussion concerning the important questions which are suggested in relation to the propagation and treatment of this disease.]

\*\*\*\* I herewith send you a short account of two or three cases of membranous croup, occurring in my practice in July and August of 1850. I had seen and treated croup of the other forms, but never anything like these. I was called to see a little girl, six years of age, light hair, fair complexion, and rather delicate make. She had been treated by a "botanic doctor" for three days previously. She was up and about the house, but complained of sore throat. There was a thickness of the voice, as in tonsillitis. On examining the throat, the tonsils were found somewhat enlarged, and covered with a thick layer which appeared to me to be membranous. I treated it with external applications and nitrate of silver; internally, with small doses of cal., ipecac. and opii. Every day the false membrane could be seen creeping down the fauces towards the larynx, till the whole back part of the throat was covered. The true symptoms of croup set in; loss of voice preceded the croupy cough. I will not describe the symptoms. She grew rapidly worse, and died on the day following the night when the parents first noticed the croupy symptoms, and on the sixth day of my attendance.

Seven days after the child died, I was taken with sore throat and the same appearance of tonsils. For myself, strong cauterization and slight ptyalism soon effected restoration; but in just seven days from the attack, dating from the commencement, my only son was taken with the same disease—a boy of five and a half years. It followed the usual process in this disease. It was four days before the croupy symptoms set in. Entire loss of voice preceded the peculiar croupal cough for two days. He was able to play part of the time on the bed until the two

last days, and he lived nine days from the commencement of the disease. He expectorated the false membrane, and I had great hopes, after that, he would live; but crepitation was heard over a great extent of the lungs, the pulse increased to 140, and he sank. I had great difficulty in the local application of the nitrate of silver, and relied mainly on calomel, with the inhalation of vapor and the warm bath.

In just seven days from the time he was taken, my wife, and only remaining child, a little girl, were taken with the same disease. My wife's yielded in the same manner and under the same treatment as my own. The little girl I blistered from ear to ear, and I never saw such effects from a blister. Masses of tough fibrinous matter hung under the throat, looking like the same membranous substance in the throat of the others. Her voice became extinct, but no other croupy symptoms set in, and she slowly recovered.

Now, one object in writing this, is to get an expression of opinion in regard to two or three points connected with this subject. And, 1st. Have you seen this disease under circumstances when you thought it might have been propagated by contagion? My son was a favorite child; he always slept with his arms around my neck, and would be very likely to inhale my breath. No scarlet fever prevailed here; yet the *seven days* interval in each case has made an impression on my mind that this form may be under certain circumstances contagious. 2d. May the resolution of the disease in the little girl be attributed to the effects of the blister? It was laid on early, as soon as I saw the membranous aspect of the tonsils and fauces, and very little else was done. You may be inclined to say it was the absence of antiphlogistics; but I did not use depletion in either of the other cases. There was no indication for active antiphlogistic treatment; the action seemed rather below the standard. 3d. In the adult cases, was not the further progress of the disease prevented by the absence of that predisposition that exists, in childhood, for inflammation of the larynx and trachea?

Nov. 25, 1851.

#### ELECTRIC PENDULUM—ALLEGED DISCOVERY BY A HOMŒOPATHIST.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—The following communication from an English paper (the *Christian Times*) is of considerable importance, as well as curious, if true, and I send it to you for insertion in your *Journal*, that it may fall under the eye of those who are competent to verify or prove the falsity of the assertions it contains.

All at once a discovery is made of an instrument of such surpassing delicacy of construction and operation, that the inventor has been enabled to indicate not only the normal effects of the different electrical currents which exist in the body, but likewise a variety of modifications and changes which those currents undergo, when the hand of the operator is brought into contact with another person, with inanimate mat-

ter, with different metals, and with vegetable and animal substances, also to detect *the alterations which different medical substances produce upon these currents.*

There is no description of the instrument in the paper alluded to, but it goes on to say that the phenomena described are produced by the agency of such an instrument, and the following are amongst the most remarkable results. After enumerating various facts illustrative of the fundamental principles laid down, the paper from which we quote proceeds as follows:—

“Dead animal matter, brought into contact with the hand of the operator, or with any person or any number of persons forming a chain by holding one another by the hand, the one nearest the operator holding his hand, and the dead matter being put into the hand of the person most remote from him, almost immediately stops the movements produced on the instrument by the electric current. Mr. Rutter has, however, carried his discoveries still further; for he has ascertained, and is able to prove most unerringly, that noxious matter, whether animal or vegetable effluvia, or miasms, or mineral or vegetable poisons—in fact, all substances capable of producing death—have the same power of stopping the action of the instrument, as I have just described dead matter to have. All the experiments were conducted in the most simple and unpretending manner, and were explained in the most lucid and unequivocal language. They were repeated over and over again, at the wish of several of the persons present, and the results were each time unvarying and unerring, so as to carry conviction to all who witnessed them, even the most sceptical.

“Another curious and interesting phenomenon was now demonstrated by Mr. Rutter. If a person of the female sex puts the index or forefinger on the operator’s hand, the pendulum, instead of moving as when the index of a male is in contact with the hand, from D to C, moves from B to A. When the female thumb touches the hand of the operator, instead of moving from B to A, as in the case of the male thumb, the pendulum immediately moves from D to C; and when the whole hand of a female is placed on the hand of the operator, the movement becomes circulatory in the direction of from B around to G—that is, from right to left, the exact reverse of the normal motion.

“The next experiment was one of great interest, and exemplified in a beautiful and indisputable manner the experiment to which I alluded in a former part of the evening, viz., the instrument being stopped by the operator when put in contact with dead animal matter. After having put the instrument in full normal action by applying the finger and thumb of the right hand, a dead fly being put in his left hand, the motion of the pendulum immediately ceased; on the fly being taken away, the motion recommenced. A chain of several men, holding one another by the hand, was formed; a female placed her hand on that of the man most remote from the operator; the motion of the instrument was immediately reversed, the circulatory motion being from right to left. A dead fly was then put upon the left hand of the female, and the motion immediately stopped.



“A wire of copper, 500 feet long, encased in gutta percha, was then added to the chain of men—the one farthest from the operator held one end of the wire, and the female the other end; the female influence was immediately sent through both the wire and the chain of men, and a corresponding action was again set up; which was again stopped immediately by the dead fly being put upon the other hand. Similar experiments were made with other dead matter; even merely by holding the hand over or near the dead matters, the aura of which equally stopped the motion.”

Another set of experiments were to prove the polarization of the body, which was readily demonstrated, as well as the perfect control of the operator over the direction or cessation of the magnetic currents, those currents, also, being subject to peculiar disturbances and variations in different parts of the body, and dependent on a vertical or recumbent position. Other extraordinary facts are related, which it would transcend our limits to specify; we must, therefore, proceed (only observing, in passing, that particular metals exercise a particular effect on the electric currents) to the sovereign assertion that in exact conformity with what was to be expected from the delicate experiments made with a dead fly, the hair of a female, the aura from dead matter, and other substances, it is boasted, with no small confidence of triumph, that this “brilliant discovery” had settled the question of the infinitesimal doses, employed in homœopathy, possessing influence. Accordingly, one globule of *stannum* of the fourth attenuation being placed in the palm of the hand of the operator after the instrument had been set in motion, the pendulum, it is said, *went immediately moving with as quick and as strong a motion as when the same metal IN MASS was put into his hand.* We are further informed of the precise effect of a great many globules of various potencies upon the movements of the pendulum. We cannot, of course, particularize many, but select one or two—*e. g.*, a globule of *zincum*, thirtieth attenuation, sent the pendulum the same distance that was accomplished by the same substances of the 200th attenuation; while one globule *ferrum metallicum* 6, gave *exactly the same elliptical motion as produced by the iron IN MASS.*

But we must stop, and leave the verification or demolition of these startling assertions to those of the rival schools, who will, of course, make it their business—we trust in a philosophic spirit—to bring them to the test of the most searching experiments.

R. S.

*Boston, Dec. 17, 1851.*

#### CASE OF TRIPLETS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—The following are the particulars of an interesting case, and if you think them worth publishing, you are at liberty so to do.

On the 25th of November I was called to a lady about to be confined with her first child. The first indication of being sick, was the sudden discharge of her waters. I was called about 10, A.M. She was

sitting up; her pains were very slight, and remained so through the day, till 5, P.M., when she was delivered of a daughter weighing  $5\frac{1}{4}$  lbs. I soon attempted to take the after-birth, which I found to be fast, and on examining the bowels it was evident that there was another child. I did not succeed in removing the after-birth at this time. Her pains then entirely ceased. I remained with her till 6 next morning, when I left, with directions to send for me when her pains returned. At 5, P.M., 24 hours from the birth of the daughter, her pains returned. I was sent for, and found her comfortable, excepting slight pains, which continued of a lingering character through the night and the next day till 4, P.M., when I took  $1\frac{1}{2}$  pint of blood from the arm. Her pains gradually increased till 6, P.M., 49 hours after the birth of the first child, when she gave birth to two sons, one weighing 6 and the other  $5\frac{1}{4}$  lbs. I then took the three cords and removed the placenta without any trouble. The lady was then put to bed, and I left her comfortable, although somewhat reduced. She and all three of the little ones were doing well last Saturday, being the tenth day. The mother was able to sit up two hours on that day.

Respectfully yours,

E. N. TUKESBURY.

Falmouth, Dec. 9th, 1851.

"A THORN IN THE FLESH."

BY J. R. WARDELL, M.D.

It is not very usual for medical men to be the historians of their own cases. At the suggestion of several professional friends, I now briefly narrate the particulars of a long and tedious illness, the progress and results of which may probably be read with some degree of interest, and the case considered as one of uncommon occurrence.

In May, 1850, I began to experience an aching pain at the lower part of the thigh, about a couple of inches above the inner condyle. Being at that time more than ordinarily busy in the discharge of professional duties, and consequently having an unusual degree of exercise, I attributed the pain spoken of to some twist or strain I might have sustained, but which had been little regarded at the time, and afterwards forgotten, or to the simple effects of too much walking. A few days' rest, and riding to all my professional visits, gave relief, and I then thought little more of my lameness. Active exertion, however, soon re-induced it, and on examination I felt an induration, about the size of the little finger, lying as if in the sulcus between the vastus internus and the gracilis. Over this the skin was discolored with a slight diffused blush, and on pressure being made by the finger, the redness speedily returned.

Being one day at Mr. Benjamin Phillips's, I mentioned the circumstance of my lameness, and after showing the place to that gentleman, he recommended the application of iodine. This remedy did not, however, afford relief, and I every week became lamer. It may here be mentioned that at the time Mr. Phillips examined the part there was a good deal of boggy swelling above the knee, more especially at the inner aspect. Mr. Phillips particularly asked if I had sustained any in-

jury there at any previous time, as the case seemed somewhat anomalous, and perhaps the history of a former accident or affection might throw more light on the diagnosis. My reply was according to the present statement:—In the latter part of October, 1845, when leaping a hedge, my horse fell upon it, and although not unseated, I was aware I had sustained an injury above the right knee. On dismounting I could walk, yet still I was conscious that, from the feeling at the moment, something had given way. After riding home, which was some few miles, I was so lame I could scarcely dismount. My friend, Mr. Cole (Pickering, Yorkshire), examined the part, and it was the opinion of that gentleman, that there was laceration of one or more of the muscles; and this opinion proved correct, as even now there is a nodulated thickening felt crossing the course of the rectus, and especially when the limb is flexed. There was no external injury, with the exception of two or three slight scratches. Leeches, fomentations, afterwards cold lotions, and rest, reduced the swelling, and removed the pain. In the course of two or three weeks I could walk about pretty comfortably. From that time to May, 1850, I never wore a bandage, nor paid any particular notice to the seat of my former lameness.

In June I became worse, and my professional duties were performed with more inconvenience. I called on Sir Benjamin Brodie, and had his opinion. At that period the pain was strictly localized, but there was still some degree of boggy swelling; the skin was pale and cool. Sir Benjamin recommended bandaging with vulcanized adhesive strapping, to encircle the lower part of the limb. This plan, on being pursued, was evidently unsuited to my case, as the heat, pain and swelling increased. When Sir Benjamin saw me again, he ordered the entire removal of the elastic bandages, and the immediate application of a dozen leeches, to be followed up with fomentations, and afterwards cold lotions and a general antiphlogistic regimen. I remained for several days in bed, and for two or three weeks gave entire rest to the limb. This mode of procedure afforded considerable relief, and I thought I might now venture to resume my duties. No sooner did I stir about than the described symptoms returned, with pain from the ankle to the groin. Leeches, antiphlogistic measures, and rest, were again employed, and, as on other occasions, with benefit. Several of my medical friends kindly called to see me, but unfortunately for the cure, all their opinions varied. Not being fully convinced—so far as medical consultations are concerned—that in a multitude of counsellors there is wisdom, I resolved to place myself under the care of one gentleman, to rigidly obey his injunctions, and abide by the result. Consequently I called on Mr. Travers, whose European reputation and long practical experience were a guarantee for whatever he suggested. Mr. Travers said he had known cases of an analogous nature, where inflammation of the muscles had been produced at that part, in sportsmen and others who were accustomed to be many hours on horseback; and he instanced two cases, where, from pressure against the saddle, not only inflammation, but supuration, had been the consequence. He conceived that, from a sudden twist, there might have been a slight laceration, and finally a small



secretion of matter, in the deep muscles. The swelling and pain having abated, Mr. Travers advised a mercurial plaster and moderately-applied bandaging. In the latter end of August I was so far improved that I was enabled to go to Yorkshire for change of air, and I remained three weeks. On my return my health was quite restored, yet still the induration spoken of, and the pain in walking, were not removed.

In the middle of October I was suddenly summoned to a lady in a fit. Her house was only two or three hundred yards from my own residence, but in the hurry I had, I felt, done mischief to the peccant part. On the following morning it was evident, both from increased sensibility and ocular inspection, that my troubles were about to return. I could not walk a hundred yards without pain. Mr. Travers now recommended blisters, which were re-applied to the third repetition. I desisted from all exertion, and sought once more, if possible, to be rid of so troublesome an affection. All the remedies which now, during four months, had been tried, had, it was too evident, been tried in vain; and on the 10th of November I found myself again in bed, not one whit better than I had been in July. On the 18th of November Mr. Travers again examined me, and very correctly observed, that as all the ordinary means had been adopted which an affection like the one under consideration appeared to demand, the only alternative remaining was to cut down and see that which was difficult otherwise to understand. To this proposition I cheerfully agreed. The 22d was proposed as the day for operation, and until that time I was to constantly keep it poulticed. Mr. Travers, Mr. Benjamin Travers, and Dr. Samuel Edwards, met for the purpose of making an incision into the part. Mr. Benjamin Travers cut down from an inch and a half to two inches, and then carefully dissected the deeper strata of muscles. On scratching open with the point of the scalpel an evidently distended bursa, a couple of drachms of slate-pencil-colored fluid welled from below. It was the opinion of the gentlemen present that this fluid, by being bound down by the deep fascia, would be sufficient to give rise to irritation of the periosteal covering of the femur, and inflame the adjacent white textures. On noticing the deep muscular tissue, it looked dark and congested, of a dirtyish-red color, evidencing the hue observed in chronic myelitis. The orifice was kept patulous by means of lint and poultices continually applied. After the operation, the pain was somewhat less, but by the 6th December the whole of the fascia lata of the thigh was inflamed. The wound now not looking so healthy as could be wished, Mr. Travers applied the caustic pretty freely; and as the pulse was soft and inclined to be quick, he prescribed quinine, a generous diet, and two or three glasses of port wine daily. After this, a teasing cough came on; I had also copious night sweats, and considerable debility was apparent. The pulse was soft, and now (December 15th) 120. The pain in the limb after this increased; the discharge was very considerable, the appetite impaired, and it was with difficulty that I could get out of bed without assistance. Dr. Edwards examined my chest, but the physical signs were not such as to give rise to any great anxiety. There was some degree of hyper-vesicular murmur, but as the percussion and other

conditions were unaltered, Dr. Edwards rightly attached little importance to increased respiratory murmur. The emaciation and general excitability were sufficient to account for it. After this (December 22d), the mere exertion of coming down stairs to lie on the sofa was attended with such difficulty as to well nigh produce syncope. The cough continued incessantly; the night sweats were as before, and the pulse ranged from 115 to 120. I now remained entirely in bed.

Mr. Travers had become anxious as to the result. The whole of the inner condyle was so tender as to render the slightest touch painful, and every day rendered the emaciation more obvious. In that true spirit of kindness and interested concern which Mr. Travers had manifested from the first of his assiduous attention, he strenuously advised the total relinquishment of my practice, and recommended quiet lodgings at Brighton. With reluctance I consented to this proposition, and as soon as circumstances would permit, made my arrangements for departure, in the hope that change of air would do more than physic. When my servant was dressing the wound on the morning of the 8th of January, 1851, he observed a small dark point, emerging—not from the orifice of the wound—but several lines to one side of it through the healthy skin. When he had drawn my attention to it, I placed my finger upon it, and was surprised to feel a hard sharp body. I desired him to reach a pair of forceps, and to my utter consternation I withdrew a huge piece of hard black thorn, measuring exactly an inch and a half long. The bark had been absorbed, but in other respects the ligneous structure was unaltered. It soon occurred to me that it must have penetrated the thigh in October, 1845, when my horse fell in leaping the hedge, as I cannot call to remembrance any other time when such an accident could have occurred.

[Dr. Wardell's recovery was slow, but complete. The cough and night sweats, however, ceased in less than a week. We have not room for his additional remarks, as they appear in the *London Lancet*, from which the above, with some omissions, is copied.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 24, 1851.

*Improvements in Surgery.*—Modern surgery is indebted to our countrymen for some remarkable discoveries and improvements. It is needless to recount the contributions of American operators to the common stock of surgical knowledge. Were American surgeons careful to write and circulate in the periodicals their experience and discoveries, the aggregate would still more redound to the scientific character of the country. We are most of us too much in haste in the every-day routine of professional life to record the results of our daily observations. How will posterity ascertain our claims to the possession of scientific knowledge, if they are not permanently registered by those who alone are most competent to accomplish it? The Medical Journals have become the convenient and appropriate channels for widely disseminating the progress that is made, and all may profit by contributions made through them to the common

fund of medical intelligence. Information respecting surgical instruments, by means of which complicated ones may be laid aside and those which are simple substituted, is eminently important to be communicated to the profession. While great and costly apparatus commands corresponding attention, simple devices for accomplishing the same results are apt to be both undervalued and neglected, unless they are known to have been successful in the hands of eminent operators.

These reflections were called up after examining a very economical plan, invented by Josiah Crosby, M.D., of Manchester, N. H., for maintaining permanent extension in fractured limbs. He attaches adhesive strips above and below the fracture, winding them round the limb. If the leg is to be kept extended, a strong strip of cotton is made fast to the circular one, on one side, by adhesive material, running towards the ankle. It is carried a few inches beyond the foot, and then returned up the limb on the other side and fastened in a similar manner. To the upper circular adhesive strip he confines something analogous to the arm of a crutch, to push against. One extremity of the board on which the leg rests is held firmly down, while the screw by which the extension is produced pulls upon the loop below the foot, that grasps each side of the limb. In this manner the surgeon avoids the necessity of drawing upon the instep—which is apt thereby to become extremely painful. No part of the limb feels more pressure than another; no cutaneous circulation is impeded by long-continued pressure, and many of the contingencies inseparably connected with any system of extension which requires a pressure upon the bones of the foot, hand, &c. are entirely avoided. A few days since we saw a patient under Dr. Crosby's treatment, and were struck with the value of the process. Any plan of extension which does not embrace this principle, it appears to us is defective. In particular cases of obscure or complicated fractures, Dr. Crosby would doubtless, on application, impart additional information respecting his plan; still he would greatly oblige the profession at large if he would publish something about it, however short it might be, as his experience in its use would give weight to whatever he might say in its favor.

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*First, Second and Third Books of Anatomy.*—Three volumes, of different dimensions, well printed, and containing some very finely executed illustrations, for cheap elementary works, by T. S. Lambert, M.D., have been on our table several days, but the examination has not been sufficiently thorough to enable us to write our views of the author's plan or of the general merits of his writings. Were the public to read and reflect upon the momentous subjects of health, physiological laws, anatomical organization, and the goodness of God as displayed in the complex but beautiful structure of the human body, it would lead to the happiest results. If these treatises contain a moiety of those elevating considerations which were presented by Dr. L. in his popular lectures before very large audiences in this and neighboring cities, they cannot fail to be appreciated.

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*Infant Therapeutics.*—The second edition of a valuable little manual, by the late learned Dr. John B. Beck, of New York, has been sent abroad from the press of W. E. Dean, of that city, enlarged and improved. When the first edition, fresh from the hand of the author, appeared, while he was



living, the profession generally acknowledged its claims. This edition is actually better than the first. It is a safe guide, and cannot be otherwise than prized by those who study diligently its precepts and advice.

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*Hygienic Use of Alcohol.*—An address by F. M. Robertson, M.D., on the medical and hygienic use of this potent stimulus, sent from Charleston, S. C., cannot receive the attention its merits deserve, for the present week. He writes well, and his tee-total reasoning is truly philosophical.

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*"The Excellent Woman."*—This is the title of a work which is not professedly medical or even scientific in its character. But who can be more interested in the subject of which it treats than medical men? Presuming there can be no difference of opinion respecting the importance of cultivating the virtues and instructing the minds of those who give a tone to society and impart most of the moral elevation possessed by the race, the book bearing the above title, from the press of Messrs. Gould & Lincoln, a Boston publishing house, is recommended to the favorable consideration of our professional friends, and especially the unmarried ones.

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*Maine School of Medicine.*—On Wednesday, February 11th, the annual lectures will commence at Brunswick, Me., and continue fourteen weeks. The lateness of the term allows students to take a second series of lectures the same season, which many are ambitious to receive. The fees are reasonable, and from the day of its organization to this, the institution has had an excellent reputation. We commend the advertisement to the attention of gentlemen who are proposing to avail themselves of the advantages the college offers, as it is specific in regard to the resources of the school, and the expenses necessary to incur.

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*Low Temperature in New Hampshire.*—A postscript to a letter received at this office from Franconia, N. H., dated Dec. 17th, says:—"We are having unmistakable premonitory symptoms of winter. The mercury now stands (half past 8, A. M.) at 18 deg. below zero; last Friday morning, at 22 below. We confidently expect to see the mercury frozen before many days. From present appearances, Franconia bids fair to maintain her reputation of 'being rather a cool place.'"

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*Medical Missionary Service.*—The following gentlemen are under the patronage of the American Board of Commissioners for Foreign Missions. Newton Adams, M.D., located at Umlari, Africa; Henry A. Ford, M.D., at Baraka, Africa; C. V. A. Van Dyck, M.D., Hasbeiya, Syria; Henry A. De Forest, M.D., Beyroot, Syria; John Scudder, M.D., Madras; Charles S. Shelton, M. D., Madura; Samuel P. Green, M.D., Menepy, Ceylon; Dyer Ball, M.D., Canton, China; Charles H. Wetmore, M.D., Hilo, Sandwich Islands; Dwight Baldwin, M.D., Lahaina; Seth L. Anderson, M.D., Kanal; James W. Smith, M.D., Kola; Elizur Butler, M.D., Cherokee Indians; Thomas W. Williamson, M.D., Kaposia and Dakota Mission. These are all well-educated, excellent practitioners, who are devoting their lives to a cause of the highest interest to the christian and the philanthropist.

*Ovarian Dropsy.*—The case so fully yet concisely reported by Dr. Parkman in to-day's Journal, will be found an instructive one. Although the complete success of the operation was hindered by a contingency which could neither be prevented nor foreseen, yet the otherwise correct diagnosis, the surgical skill, and the carefulness manifested in the previous and after treatment, are worthy of much commendation. The case is certainly entitled to rank high in interest among the recorded ones of this formidable operation.

*Medical Miscellany.*—A case of the celebrated *Perkins's Tractors*, which in the latter part of the last century performed such wonderful cures in this country and in England, has been sent to the editor of the London Lancet, who shows it to visitors as a curiosity, which it certainly is. The sender hopes that the day is not distant when a case of Hahnemann's infinitesimals will be as great a curiosity.—One thousand six hundred and seventy-three births were recorded in London, for the week ending October 25th—876 boys and 797 girls. The average number for the corresponding week for the six preceding years, was 1327.—The town of Boxford, Mass., is said never to have had a physician.—A new Medical Journal is to be published in East Tennessee, called the *East Tennessee Record of Medicine and Surgery*, Frank A. Ramsey, M.D., Editor.—An active demand is anticipated for Dr. Wood's Hints on the profession of medicine. It was published at Buffalo.—In a single century four thousand millions of human beings appear on the surface of the earth, act their busy parts, and sink into its peaceful bosom.—A Dr. De Lamater has announced his intention of practising physic, at Coshocton, by an advertisement commencing thus—"Who wants to see the doctor?"—Dr. Warren, senior, visits the Mass. General Hospital every Wednesday at 10 o'clock, A.M., and will be happy to see any of the profession who take an interest in surgery.—Dr. Campbell has been elected mayor of Charleston, S. C., and Dr. Elisha Huntington mayor of Lowell, Mass.—Dr. Clough, of Boston, is coming out with a small work on the preservation of the teeth.—The meeting of the Suffolk District Medical Society will be held as usual on Saturday evening next, at 7½ o'clock.

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TO CORRESPONDENTS.—W. S. C.'s remarks on the Preparation and Sale of Domestic Medicines, have been received.

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MARRIED.—In Boston, William Henry Thorndike, M.D., to Miss Sarah W. Smith.—In Pompey, N. Y., Samuel Niles, M.D., of Niles, Michigan, to Miss J. Helen Jerome, of Pompey.—At Washington, D. C., Dr. Bernard M. Bryne, U. S. A., to Miss L. Abert.—Dr. D. C. Hadley, of Hancock, N. H., to Miss M. A. Haggett.

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DIED.—At Churchville, Va., Dr. E. H. Gooch, 33.—At the Western Lunatic Asylum, Va., Dr. John H. Tompkins, 49, formerly of Richmond.—In New Kent Co., Va., Dr. R. N. Hall, 23, by the accidental discharge of a pistol.—In Brunswick, Va., Dr. John Field, 62.—In Hanover Co., Va., Dr. Nicholas Terrell, 49; Dr. J. P. Harrison, 46.—In New York, James Cameron, M.D., a native of Scotland, 66.—At Litchfield, Me., Dr. Sylvanus Waterman.—At Killingworth, Ct., Dr. Rufus Turner, 61.

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*Deaths in Boston*—for the week ending Saturday noon, Dec. 20th, 62.—Males, 30—females, 32. Inflammation of the bowels, 3—bronchitis, 2—consumption, 7—convulsions, 3—croup, 4—dyspepsia, 1—dropsy of the brain, 3—drowned, 1—exhaustion, 1—brain fever, 1—lung fever, 7—disease of heart, 1—disease of the hip, 1—infantile, 6—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 4—old age, 1—suicide by poison, 2—palsy, 1—rheumatism, 2—puerperal, 1—smallpox, 2—teething, 2—tumor, 1—unknown, 2.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 7—over 60 years, 7. Americans, 30; foreigners and children of foreigners, 32. The above includes 7 deaths at the City Institutions.

*Phosphate of Lime in Consumption.*—In the first number of the New Orleans "Monthly Medical Register," we find an article by Professor Stone on the virtues of "Phosphate of Lime in Scrofula, and other depraved states of the System," which is of some moment. It was suggested by an essay in the London Lancet, on the "physiology and pathology of the oxalate and phosphate of lime, and their relation to the formation of cells."

"The conclusions of the author," says Professor Stone, "are based upon careful chemical research and results from the use of the remedy. His researches show that in man, as well as in vegetables and inferior animals, phosphate of lime, as well as albumen and fat, is absolutely essential for the formation of cells, and he considers that many of the pathological states of the system depend on a deficiency of this salt. The affections in which it is advised, are ulcerations dependent upon a general dyscrasia, and not a mere local affection; infantile atrophy, in those suffering from rickets, and consequent diarrhœa and tuberculous diseases, particularly of the lungs in the early stages."

Struck by this article, Prof. Stone tested it, and he thus describes three cases in which its virtues were very obvious. The first was that of a slave, who was admitted to the Professor's Infirmary in July, with a disease of the nose, the whole system showing great progress in scrofulous decay. The usual remedies were unsuccessfully applied until August, when cod-liver oil was used, but the disorganization of the stomach was increased by it. The phosphate of lime was then applied—eight grains three times a day. Its good effects were soon apparent. It and the oil were therefore administered together, and the patient was soon restored to health.

The second case is that of a young lady, aged 24. Her disease was one of "unmixed phthisis, which might have been expected to terminate in the course of a few months" fatally. The upper part of both her lungs was filled with tubercles, and in some places was beginning to soften. The case was evidently a bad one. The treatment of cod-liver oil was at first used, but without marked improvement. The phosphate of lime was then administered with the oil, and the result, as in the case of the negro, was soon apparent. The patient was rapidly getting well.

The third case was that of a child seven years of age, in which the phosphate of lime was used with complete success.—*N. Y. Med. Gaz.*

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*A New Quackery.*—In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in the spiritual, but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Urgesundheit*, as the means of more fully enjoying life and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being tempting, even with four-score years promised as the prize of self-denial. The German journals are perpetually turning up some eccentricity of this sort. A section of the public seems determined to escape the hands of the faculty, and die by some irregular process, rather than with the aid of medicine.—*London Lancet.*



T H E  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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"REDUCTION OF THE FEMUR WITHOUT PULLEYS OR ANY OTHER  
MECHANICAL MEANS."

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Since you did me the favor to re-publish, in your Journal, my article on the reduction of the femur without pulleys or other mechanical means, I have been honored with several notices and strictures through the same channel. Foreseeing something of the kind, and not wishing to be drawn into a personal controversy, I had proposed, from the beginning, not to reply to any such criticisms. And in deviating *now* from my first resolve, I do so, more for the sake of establishing *certain facts and principles*, which I deem important, and of correcting some misapprehensions of my critics, than for the sake of controversy.

I am accused, either in direct terms or by implication, of making statements that are untrue, of setting up a claim to originality, and of appropriating to myself the honor that justly belongs to others.

Dr. Cartwright informs us that he "first reclaimed from the chaos of blundering empiricism, and brought under the empire of the laws of science," this old method of reducing the femur; that "after long pondering over the cases of dislocation reduced by accident, the truth flashed into his mind, that force had nothing to do with it"—and that as long ago as in May, 1844, he "composed and published an elaborate essay *to prove its practicability*, by quoting cases recorded in standard works on surgery." "Unlike Dr. Reid, he did not quote his own cases reduced by *the method advised*," &c.

Now as I commenced my investigations in 1828, and pursued them at intervals till 1839, and as my first case occurred in March or April of 1844, one or two months before his publication; and as I have never had the pleasure of seeing his essay, it is manifest I am not guilty of purloining anything from his labors; but, it would seem, guilty only of doing what he himself had done, viz., daring to observe, think and act for myself without authority, at or about the same period of time.

But I—very improperly, as he would intimate—quoted my own cases; and why? Because I wished "to prove"—not a *probability*—not a speculation *to be practicable*—but to establish *facts and principles*. To do this I preferred to give observations, experiments, operations and

cases—not *accidental ones*, described in loose and general terms, whose history and description were necessarily defective; but cases, for whose history and description I could vouch as correct in every particular; and operations, undertaken, conducted and completed on the *principles* sought to be established, and which operations were, therefore, not *accidents*, but *legitimate results of the principles adduced*. In this way I hoped, by giving my own observations and experience, to contribute my mite to the general stock of surgical knowledge. If, in all this, there were anything improper, immodest or egotistical, why then I simply plead guilty, and patiently await my sentence.

Then, again, other parties are aggrieved, and we are told, with some apparent degree of sensitiveness, that my "claim to originality for a new method of practice will fall upon *a large class* of your New England readers as a very old and familiar plan; that this so-called original method was familiar to *many* of our profession"; that I had said "that this method was contradictory to the teachings of all standard writers on surgery," and had enumerated several of the principal American and English standard authors, who uniformly taught a different method, the pulley system—but did not include in the list of standard authors on surgery the names of Professors Nathan and N. R. Smith. For this omission and other delinquencies the reviewers call me to account. One says, "We will immediately show that it is *not* contradictory to the teachings of all standard writers on surgery"; and asks why I omitted in my list the name of Nathan Smith. He then refers us to "Smith's Medical and Surgical Memoirs," published in 1831, by Prof. N. R. Smith, of Baltimore, from which he quotes several paragraphs, and likewise from my essay, and "thinks if any one will take the trouble to compare these extracts he cannot fail to see that they describe, *in substance*, one and the same thing." To all this I wish to say—

*First.* That if only "a large class" of New England physicians and surgeons—if only "many of our physicians," were familiar with this method, and not the whole, both in this country and Europe, and wherever the *unscientific* and cruel method of *traction* by pulleys is taught and practised, I hope I have done the profession at large no disservice.

*Second.* Far be it from me to detract one iota from the fame and just dues of Prof. Nathan Smith. I yield to no man in admiration and esteem for his genius, talents and skill, although I never had the honor of his acquaintance or of listening to his lectures. His reputation constitutes an important part of the glory of American surgery, and is therefore the common property of the profession.

*Third.* According to my notion, "a standard work on surgery" is one embracing the whole subject and embodying the received and acknowledged principles and practices of the profession. This is not the character of "Smith's Medical and Surgical Memoirs." The work, as its title imports, is a miscellaneous collection of several subjects. One article only treats of dislocation and reduction of the femur, and that is from the pen of Prof. N. R. Smith. And this, he tells us, is not intended as "a complete treatise on these dislocations"; for such, he "re-

fers us to systematic works." This is designed, as he informs us, "to be supplementary to the information which we now possess, and to subvert certain erroneous practices." These were exactly my objects; to contribute—not to collate and compile—and likewise "to subvert," if possible, "certain erroneous practices."

Again, Professor Nathan Smith's theory and practice, as taught by himself, or as presented in his "Memoirs" by Prof. N. R. Smith, have never, to my knowledge, found their way into any standard surgical work, nor even been noticed by any author. A few or many of his pupils may have adopted them as authority. But the profession as a body have never received and acknowledged them, either theoretically or practically. Besides, the theory and practice inculcated, are but partially true. These are the reasons why I did not include said Memoirs among the standard works on surgery.

But I did not intentionally do either Prof. N. Smith or Prof. N. R. Smith injustice.

In my address, as originally delivered and first published in the Buffalo Journal, I said, "I was aware that Prof. Nathan Smith, of New Haven, had, in his day, taught in his lectures a somewhat similar method—perhaps the same; but none of his pupils whom I had ever met, could describe either his method or the rationale of it. I had seen, too, his Memoirs, published by his son, Professor N. R. Smith, of Baltimore, but he confesses he did not recollect the teachings of his own father, and that he, the elder Smith, had left no notes or records of his doctrines or practice." [In this sentence I have done injustice to Prof. N. R. Smith. When this paragraph was penned, I had not a copy of his Memoirs before me. I had never seen but one copy, in 1838, which was after I had made the chief part of my observations. He says, "The principles which I shall endeavor to establish, were derived in part from my father's lectures"—and just after, when referring to *the case* which he *used* to relate in his lectures, he says—"Notes of *this case*, unfortunately, I am not able to discover among his papers." And so of a letter, addressed to his father by a medical gentleman who had *a* similar case, "it could not be found." The impression left upon my mind by these statements, led to the above error. This correction and acknowledgment are therefore due to Prof. N. R. Smith.] "Dr. N. R. Smith, however, proceeds to give what seems to him the probable doctrines inculcated by his father, and gives directions for reducing dislocations of the hip, with drawings illustrative of his method. But it is apparent, that when he wrote his book and gave these directions and illustrations he had never reduced a hip by his method. For his directions require impossibilities, and his illustrations (drawings) are mere fancy; no such thing in nature can exist. For to *abduct* a thigh dislocated on the dorsum of the ilium, *before* flexing it on the pelvis, or to *abduct* and *flex* at the same time, *as he directs*, is absolutely impossible, without rupturing the obturator externus—and to rupture this, in order to obtain flexure, would require the power of many men; but to flex the leg first on the thigh, *then adduct* the thigh, carrying it even *over the sound one*, and at the same time *flex the thigh on the pelvis, carrying the knee over*



and upward by a kind of semi-circular sweep, is a very different and a very easy thing." And I may here add my honest conviction, that if any one ever did succeed in reducing the hip, by attempting to observe the directions given by Dr. N. R. Smith, he did it by "making experimental bending movements of the limb," in *every possible direction*, as advised by Dr. Dorsey, and quoted by Dr. Smith, and thus by accident *adducted and flexed the thigh on the pelvis*; performing empirically and by accident, the *adducting* movement, which I have demonstrated that both the anatomy and mechanism of the parts require.

By the foregoing quotation it will be seen, that I gave to Prof. Nathan Smith credit for all that I then knew of his teachings and practice; and therefore, although in discussing the subject, I called it "my method," I set up no claim to priority or originality over him for the *general mode* of operating. What I claim is the discovery of the *true principles and rationale* of the operation, and the *specific movements* required by these principles. Whether Prof. N. Smith fully understood *these principles*, is uncertain. That Prof. N. R. Smith did not, appears from the whole tenor of his treatise. And until the recent attempts to throw light on the subject, I was inclined to believe that Dr. N. Smith understood them better than was represented in his Memoirs; but these attempts have served to render it probable that Prof. N. R. Smith has given us the sum total of all that was known to both.

He says, "The principles which I shall endeavor to establish were derived *in part* from my father's lectures." The first and principal portion of the essay is a hypothetical argument to show that muscles are themselves the chief agent in producing dislocations, and that therefore we might, "if we knew how," make them subservient to the reduction. The last part of the essay contains his "*proposed method of effecting* the reduction of the os femoris." Not knowing what *part* belongs to the elder, and what to the junior Smith, we must take it as a whole, and as embodying all that was known to both; and what was that? A few quotations only can be given in an article like this; the reader is referred to the Memoirs themselves, where he will find the *principle* relied upon is that the *powerful contraction of muscles* which dislocated the bone, must be employed to reduce it; that the leg is to be used as a long lever by which "*to multiply force*," to call certain muscles into action, and by "adroitly" "making bending movements" we are "to evade" the resistance of the powerful muscles—for when "we endeavor to effect the reduction of the bone by extension made by pulleys, the extending effort which we then make *is directly resisted by the glutei muscles*."

In the Memoirs we are told, that "Prof. Nathan Smith *used to relate*, in his surgical lectures, a case of dislocation of the os femoris on the dorsum ilii, in which he promptly succeeded, by the mere force of his hands, in effecting the reduction. Notes of *this case*, unfortunately, I am not able to discover among his papers." \* \* \* "After attempting the ordinary methods, by extension, in vain, he bent the leg on the knee, seized the leg and *used it as a lever, rotated the thigh a little outward*, then gently ABDUCTED the thigh, and lastly flexed it freely on the pelvis, by

carrying the knee towards the face of the patient.\* \* \* \* A medical gentleman of Massachusetts saw a similar case of dislocation, practised the same method, and succeeded with equal facility. A letter from him to Professor Smith, detailing the particulars of the case, I once saw, but unfortunately it cannot now be found." Again, after referring to the case which occurred in the hands of Dr. Physick, he says, "*The case in which my father succeeded*, was one of dislocation on the dorsum ilii."

Now several things here are worthy of notice. 1. It is "*a case*," "*the case*," which he "*used to relate* in his surgical lectures," leaving us to infer that he had no other case of his own *to relate*; if he had any other, why refer to the *one other case* of the gentleman of Massachusetts? 2. He succeeded in *this case*, "*after attempting the ordinary methods of extension in vain*." From this it is fair to infer that *this case* was somewhat *accidental*, and it was *the case* on which he founded his subsequent teachings—or that he had so little confidence in his new method, that he was fain to try the ordinary modes first. 3. Prof. N. R. Smith, the son of Prof. Nathan Smith, who must have enjoyed both the private and public instructions of his father, had access to and control of all his papers, and from which he compiled his *Memoirs*, is able to quote but *one single case*, occurring in his father's practice, and that of a somewhat doubtful or *accidental* character. And what have "*Suum Cuique*," and Drs. J. M. Smith and M. F. Colby done? Manifestly, all have quoted *this same case* to establish the claims of Dr. N. Smith.

Now for the *rationale* of the operation. He refers to "*a case which fell under his [Dr. N. R. Smith's] own observation*," in which "*the most powerful and persevering efforts had been made by the aid of pulleys, but without success—made, too, by men of science and skill*; the case was then dismissed as unmanageable. In a few hours afterwards the patient fell into the hands of a quack—who without any assistance moved the knee in *various directions*" and reduced the bone. After quoting the case of Mr. Cornish, recorded by Sir A. Cooper, and the case of Dr. Physick, recorded by Dr. Dorsey—after quoting the recommendation of the latter, viz., "*to try every possible motion of the limb*, before abandoning the case as hopeless, as very often, after force has failed, a gentle effort in some *new direction* is found successful," he then says—"But if these gentle efforts, these *experimental bending movements* of the limb, so often succeed in the worst cases, and after the most powerful efforts have been made in vain, does it not go far to prove, that gentle means, if *adroitly* employed, would succeed better in all cases? There is no doubt a *constant mechanical principle upon which the reduction is effected* in such cases, and one which would *perhaps* succeed in nearly all cases, *if we knew how to employ it understandingly and with precision*, and did not avail ourselves of it by mere hap-hazard. If a gentle movement of a peculiar kind succeed in *one case* of complete dislocation on the dorsum ilii, after all other means have failed, ought not *this movement, if well understood*, to succeed in other cases better than the usual mode? The *mechanism* of these dislocations is certainly the

same in all this variety—the bone assumes the same attitude, and the muscles assume the same relations—furnishing the same impediments and the same aids in every case. This frequent *failure of art* and the *success of accident* satisfy me, that there is some *important principle* relative to the mechanism of this dislocation WHICH IS NOT YET UNDERSTOOD.” Again, after describing his “proposed method,” he says, “The cases in which lateral movements with gentle force have succeeded, either by design or fortuitously, \* \* \* induce me to believe that there is a *secret method* in which we may uniformly succeed; and that method I believe to be the one in which the movements described above are employed.”

Here, then, all is conjecture—conjectures, valuable, important, and approximating to the truth. One fact only was certainly known, viz., that reductions had been effected “by lateral bending movements,” whether made “by design or fortuitously”; and on these conjectures, embracing the general truth, to be sure, but yet the specific items unknown, he proceeds to give a “proposed method.” Whereas, I think I have discovered and demonstrated the cause of “*these frequent failures of art*”; “*the important principle*, relative to the *mechanism* of these dislocations, which has [not] heretofore been understood”; “*the secret method*; the [true] bending movements to be made”—*not hap-hazard and adroitly*—not indefinitely “in every possible” way—but in a certain order, step by step, which never fails to secure the desired result.

In his “proposed method,” he directs the patient to be laid on his sound side: I place him on his back. He lashes him fast to the table—and then “the operator designs to employ any degree of extension,” and must put also a counter-extending band over the perineum: I use no fixtures of any kind. He next flexes the leg on the thigh: in this we agree. He *then rotates* the limb: this is useless, and serves only to give pain to the patient. He next *gently abducts* the thigh: this is worse than useless, as it increases the *tension of the obturator externus*, already *strained* to its utmost; unnecessarily tortures the patient, and is incompatible with the next movement. Instead, therefore, of “*gently abducting*” the thigh, I *strongly adduct it*, and thereby relax the stretched muscles. He next flexes the thigh on the pelvis, *increasing abduction*: I flex on the pelvis, merely *continuing adduction*, and do not *abduct nor rotate*, till the knee is as high as the umbilicus. These differences in our mode of operating will be found to be important. My method is more simple; requires less time; is easier, requiring less force; causes less pain, and is in exact accordance with the mechanism of the dislocated joint.

Without disparagement, therefore, of the Professors Smiths or any one else, I believe I may justly speak of the mode which I have described, as “my method.”

1. Because, my observations and *experiments* were made without the aid or first suggestion of any one, and before I had seen Smith’s Memoirs.

2. Because, so far as I know, I first discovered and demonstrated that the *contraction and resistance of the large muscles do not constitute the im-*



*pediments* to be overcome, as has been taught by all surgical writers, not excepting even Prof. N. R. Smith ; but,

3. That the real and almost the whole difficulty lies in the *distension* of the comparatively small muscles, viz., the obturator externus and internus, the pyriformis, gemelli and quadratus.

4. I have proved, by actual experiment, that muscles are incapable of extension beyond their normal length, to any practicable degree, without danger of laceration.

5. I have demonstrated *mathematically* that *traction* on the shaft of the bone, by pulleys or other means, is incompatible with the mechanical and physiological action of the muscles, impeding the reduction ; that it increases the difficulty, tends to rupture the aforesaid muscles, cruelly and unmercifully tortures the patient, and is therefore an *unscientific* application of force.

6. And, lastly, I have pointed out the *true and only evolutions* of the limb, required by the mechanism of the joint in order to reduce, without mechanical power, this particular and heretofore formidable dislocation.

Rochester, N. Y., Dec. 12, 1851.

W. W. REID, M.D.

#### PRÉPARATION AND SALE OF DOMESTIC MEDICINES.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have this day noticed a circular from Dr. J. F. Skinner, of Brownington, Vt., setting forth, in a very clear and candid manner, many of the existing evils of nostrum vending, as practised in our country, and his plausible remedy for such unjust impositions upon what he considers *public* credulity.

His propositions for renovating the field, now overrun by the herds of quack-medicine venders, have been heretofore published in your Journal.\* The same doctrine is set forth in the circular accompanying the medicines he offers for sale.

The foundation of his new scheme is, that “it has ever been the case that the public will have some form or other of domestic medicine to which they can resort without calling in a physician.” Hence, he argues, that if physicians will prepare and offer for sale, at convenient places, good medicines, upon which the community can rely, nostrum venders will be used up.

Now it does not appear to us that there is a disposition in the public *generally* to purchase and take medicines upon their own opinions. The medicine trade is not kept up by the patronage of the more intelligent, nor even of a majority of the community. The ignorant and credulous are the patrons of quackery and of the patent medicine venders. The chronic invalid is the dupe of the wily author and inventor of “Liver-

\* See Boston Medical and Surgical Journal, Vol. XL., No. 16, for an able exposition, by Dr. Skinner, of the evils to the community from the manufacture and sale of popular quack medicines, and his recommendation that physicians prepare suitable domestic medicines to take their place.—ED.

wort and Tar." There is not sufficient credulity in the public *generally* to be caught by such bait as is offered by the trade. But admitting his proposition to be sound, will his plan accomplish the object?

The impudent quack sends his medicine into the country, "prepared for family use," after "years of labor" spent in the invention and trial of their use, with certificates from those who have been cured by the article. A circular or almanac is offered gratis, proclaiming the "news." Now this practice is virtually condemned by Dr. Skinner, and the readers of his *own circular* are warned to beware of the imposition offered by others.

Unquestionably in his own neighborhood Dr. Skinner's circular will prevent many from being duped by the venders of nostrums. But certainly where he is not personally known by the community to whom he offers his "series of medical preparations," his circular will have little or no influence. The result will be, if the quack succeeds in arresting the attention of the invalid, his chance is as good as the doctor's. We believe Dr. Skinner is an honest, intelligent and high-minded physician. But abroad he may not be known as such, and the M.D. attached to his name is no evidence that he is not a quack. The vender of "my grandfather's pills" is an M.D., and has obtained a seat in the Legislative halls of a mighty State. Then if the object can be accomplished by the doctor's plans, it must be by physicians as a body adopting his method. Every physician must offer medicine for sale, or at least such a number of them that each buyer can procure an article for use, prepared by a physician in whom he can place confidence. At all events, the result would be, that the great body of the profession would each send forth his "series of medical preparations" for sale. And what a degrading spectacle would this be! The world would have reason to distrust the whole of us.

But we do not deny that well-educated and experienced physicians could offer medicines far better for the sick, than those prepared by the great majority who now hold the trade. The doctrine to our mind is, that no physician can, however experienced, prepare medicine that will be sure to prove useful, or even safe, for the sick of whom he knows nothing. Blood-root, squills and emet. tart. are highly useful in certain diseased conditions of the respiratory organs; but to offer them in any combination to the public for "a cough," without knowing anything of the condition of the lungs, pleura, or the general constitution of the patient who is to swallow them, seems to us absurd. Would it not be arrogance, yea, impudence, in a physician in Boston or New York, to address a note to Dr. Skinner, of Vermont, stating that he has a panacea for the colds, coughs, asthmas, hooping coughs, &c., of his patients, of whom the writer knew nothing? How often physicians decline to prescribe for patients whom they have never seen, though the case may be described minutely by an intelligent friend. Much less, then, should physicians offer the invalid a nostrum, to be taken as the patient may think proper after reading the directions.

To our mind, it appears that Dr. Skinner's plan will not succeed, though we doubt not his medicines are prepared with ability and care. The

preparations will doubtless be taken, and do much good to some of the patients, as well as to the pockets of the manufacturers.

December 19, 1851.

Yours,

W. S. C.

### CONSUMPTION, AND ITS TREATMENT.

[Communicated for the Boston Medical and Surgical Journal.]

CONSUMPTION is of two kinds, tubercular and bronchial. The former has a constitutional, the latter a local origin.

The human constitution, as shown by Liebig, in his profound work on Animal Chemistry, is governed by two forces, the nervous and the vegetative. The former disposes the molecules to a state of motion; the latter is an antagonist power, and inclines them to a position of rest.

In vegetative life there is motion in one direction only, so to speak; that is, motion which tends to the opposite of motion, namely, rest. In vegetables, whose life is wholly under this power, there is no waste; for here, all ultimate particles, having once taken a place of rest, remain fixed and undisturbed. Hence in a tree there is *growth* as long as it lives. There is no power to break up and destroy.

But in the animal body, there is motion in two directions, or a circuit of motion. Particles which under the vegetative force have been put to rest, are perpetually being displaced by the nervous energy, and reduced to unorganized, amorphous compounds, to be burned in warming the system, or cast out by the several excretory processes.

So constant is the action of these two forces, that the human system has been compared by John Hunter to a whirlpool, into which the particles of matter are perpetually poured under the influence of the vegetative power, and out of which they are as constantly whirled by the nervous force.

A little reflection upon these antagonisms, as thus explained, will enable the reader to see that it is just when the vegetative force transcends the nervous, that the body increases in weight, and acquires that diathesis in which the blood discs abound, and the tendency, if to disease at all, is to that of the inflammatory kind. It is the tonic or sthenic condition of the system. Nutrition is more rapid than destruction. New particles are laid down faster than old ones are taken up. Hence the body *grows*.

On the other hand, when the nervous force overmasters the vegetative, when the outward or centrifugal motion of the whirlpool prevails, then it is that the body is attenuated, the blood is made serous, and the consumptive, atonic or asthenic condition is established. Now, there is too much motion. The nutritive particles, instead of tending to a state of rest and deposit for the re-supply of waste matter, become fugitive in their habits, perpetually fleeing, like convicts escaped from prison. Introduce this power, in excess, into the vegetable kingdom, and the matter deposited upon the tree, instead of remaining to swell its bulk, would be driven off by the nervous force, and the tree, instead of growing, would be annually *lessened*, become sickly, and die of consumption.



In tubercular consumption, the system is like a field deluged with a flood ; nothing can take root. The repeated shocks of the nervous battery sent to the absorbents, so quicken them in their work of removing waste matter, that they dislodge much which is not yet worn out, and assist in casting out of the system not a little designed to be used in its renewal. A healthy deposit is thus prevented, and nutrition is at an end. The nutritive arteries, those little builders of the human frame, are overmastered by the stimulated lymphatics ; the constructive material is wrested from them, and borne beyond their reach, and the body wastes from want of nourishment. The blood becomes thin and watery ; and from the increased serous portion, chiefly albumen, are deposited upon the lungs and other tissues the aluminous tumors, called tubercles.

Here is found the cause of that peculiar smallness of bone and muscle, and thinness and tallness of person, so characteristic of the tubercular consumptive. Here, too, is the key of those sharp features, thin lips, fine soft hair and small narrow chest, which speak so sadly to doating friends. The absorbents, under the power of a very active nervous system, take down "the house we live in" faster than the nutritive arteries, confused by the motion around them, can effect its re-construction. It is simply an unbalancing of the antagonistic forces, which build and pull down the tenement we inhabit. The men that demolish are more numerous and better fed than the artizan builders.

It is this destructively nervous force of the system, which gives to tubercular persons their proverbial mental activity ; which causes them often to dazzle the world with the splendor of their gifts, and to bless their friends with the warmth of their affections. They are usually the *choice spirits*—the idols of their relatives, and the favorites of the community in which they live. Of all persons they are best fitted to enjoy life, and to impart happiness. Loving all, they are by all loved in return. They are specimens of partially etherialized humanity, stepping lightly across the earth, to whom friends passionately stretch out their arms, and embrace—their shadows !

These views will appear the more reasonable, if we consider that in children, the vegetative, or power of constructing the system, is very active, while the nervous energy is comparatively weak. The preponderance of the former power over the latter, causes the rapid growth of children. The little arterial builders work faster than the lymphatic demolishers. Hence, although, according to Lugol, "pulmonary tubercles frequently exist in early youth," and although post-mortems by others have revealed tubercles in vast numbers of children, yet comparatively few of them die of the disorder. Cases of tubercular consumption are likewise rare among persons advanced in years, in whom the nervous force is weakened.

But from the age of 17 to 35, when the vegetative power is losing something of its extraordinary activity, and the nervous force is showing its highest capabilities—then it is, as this theory indicates, that tubercular consumption does its dreadful work—then, that the outward whirl of this physiological maelstrom casts upon the shores of mortality so many thinned, exhausted and lifeless human forms. More than three fourths of

all who sink under this disorder, die between the ages just named. The brain, between these points of time, acquires its full size and force.

The persons exposed to *bronchial* consumption are generally of an opposite habit to those described above—having the nervous force, in health, well subordinated to the vegetative, the assimilation good, and the blood well supplied with red discs. They have usually a full habit, and an active circulation. The absorbents, and other vessels in the lungs, working in the midst of a large amount of caloric, evolved by an energetic respiration, often take cold, which brings on lung fever and pleurisy, and these lay the foundation for the ultimate destruction of the lungs. For the same reason the skin of this class of persons becomes diseased, and more often the inner skin, or mucous membrane, and most often that portion of the mucous membrane which goes down into the lungs and lines the air-tubes. It is inflammation of this which constitutes bronchitis, and which lays the foundation for true bronchial consumption.

The constitutional difference between the persons exposed to the two forms of consumption, appears to be this:—the tubercular type is usually attended, in its origin, by a tolerably good state of the digestive function, in connection with bad assimilation; while the bronchial form generally has its foundation laid in connection with bad digestion, accompanied, for a time, with healthful assimilation. In the former case the food is well digested, the pabulum is properly prepared, but the nutritive arteries, for reasons already stated, do not use it for the purpose of renewing the wasted tissues. In the latter case the digestion is often bad, the pabulum poorly elaborated; but the re-constructive vessels, under the control of a well-developed system of organic nerves, use it to the best advantage. In the one case there are good brick-makers, and lazy brick-layers; in the other, the reverse.

It happens, however, that before the fatal close of the disease, tubercular patients usually become afflicted, more or less, with bad digestion, and bronchial patients with defective assimilation; so that, in the end, they present us with much the same class of symptoms. Starting from opposite poles in life's celestial sphere, they meet at the culminating point of death, and disappear under identical aspects of the heavens.

*Treatment.*—In the bronchial form of the disease, I have generally found that attention to the hepatic trouble, often present, exercise out of doors, cold bathing and friction, and the inhalation of the nitrate of silver and lycopodium powder, secures about all that can be expected—I was about to say, desired—from treatment.

The tubercular type of the disorder also indicates out-door exercise, with the bathing and friction. I am persuaded that these branches of treatment have received too little attention. The defective nutrition, as I have presented it above, is a condition which seems plainly to call for their vigorous use. The rapid breathing in phthisis creates a too abundant oxygenation of the blood—so much so, that the muscles, especially the heart, are usually *of a bright red*. To prevent the patient from being literally consumed, burned up by oxygen, the blood must be de-oxygenated as fast as possible; and in no way can this be done faster

and better than by invigorating the capillaries of the skin by a gentle sponge bath and brisk friction.

While there is a superabundance of oxygen in the system of a phthical person, there is at the same time a deficiency of carbon. Hence the cold hands and feet, and the general inability to bear frosty weather. The little nutritive arteries, in these thin-blooded persons, stand shivering and torpid with cold, unable to perform their allotted function of nutrition. There is not fire enough in the system, and fuel must be had in the form of carbon. Hence one of the advantages of cod-liver oil. This oil, too, as carbon, devours the oxygen of the blood, and prevents *its* devouring the patient. This idea also explains the fact mentioned by Bennet and others, that in their post-mortems, they found the evidences of healed ulcers in numerous persons who had been *spirit-drinkers* while living. And Liebig helps the explanation by saying that alcohol, taken into the system, circulates in a free state in the blood, and devours its oxygen. To which I beg to add, that the *malaria* of intermittent and bilious fever districts has been pretty satisfactorily proved to be an instable organic body, consisting of sulphur, carbon, and hydrogen, all of which have an affinity for oxygen, and would also devour the oxygen of the system. Hence consumption is not found in such districts.

As I am treating wholly of the chemical effects of remedies (and to this test all remedies must finally come), I will mention that Rokitansky considers the power of pregnancy in arresting phthisis to consist wholly in mechanically stopping the flow of blood through the lungs. And I regard atmospheric inhalation with the Ramadge tube as doing the same thing, by inflating the air-cells—thus pressing upon and flattening the venous capillaries, and lessening the amount of transmitted blood. I will add, that antimo. et pot. tart. steps in here and attempts to demonstrate the justness of its long-conceded remedial power in phthisis, by pointing to the fact demonstrated by Blake and Mialhe, that it *arrests the circulation in the pulmonary arteries*—thus giving a complete and luminous view of its power to prevent oxygenation. But I am obliged to detract *something* from its merits, by stating that it *also* retards the circulation in the capillaries of the system generally, and so hinders *de-oxygenation*.

But there is a therapeutic agent just now presenting itself to the notice of the profession, to which I wish to invite special attention. I refer to phosphorus. This agent seems to have more than ordinary claims upon our regard. It has challenged our notice in the shape of *phosphate of lime*. But this is *probably* because it has come without its chemically attested certificates.

Cerebric acid contains nitrogen and phosphorus, and is the peculiar component of the brain and nervous system. By combustion and the changes of oxydation in the brain, the phosphorus of cerebric acid is converted into phosphoric acid; so that every act of the brain produces phosphoric acid. How rapid, then, must be the consumption of the phosphoric element of the cerebric acid, in that highly active and excitable state of the nervous system which I have described as peculiar to phthisis; and how necessary, in order to save the brain from destruc-



tion, to meet this increased demand for phosphorus by introducing it into the system as a therapeutic agent.

Since writing the above, the *London Lancet* for December has come to hand, and in it I find Dr. Theophilus Thompson, in a clinical lecture delivered at the Hospital for consumption and diseases of the chest, expressing the opinion that the phosphorus present in cod-liver oil contributes some share to the happy influence of that remedy. He also starts the "inquiry, whether an additional supply of phosphorus, by attracting oxygen in the process just noticed, may not tend in consumptive patients to lessen the unfavorable oxydation by which pus is largely formed in the lungs." I think the inquiry can hardly fail of an affirmative answer.

Mulder regards the fibrin of the blood as the *carrier of oxygen*; and by this oxydation, the fibrin becomes converted into the binoxide and tritoxide of proteine—its phosphorus and sulphur (for it contains both) being converted into phosphoric and sulphuric acids. Adding phosphorus and sulphur, therefore, as therapeutic agents, would seem to be the proper way to supply the fibrin with materials destructive of its freight of oxygen.

The proposition before the profession now is, to administer, in case of phthisis, phosphate of lime; and no doubt this has been useful in several instances. But phosphate of soda would probably answer better, as the salt of lime is insoluble, and this substance would be converted into the phosphate of lime within the system, if it encountered any soluble compound of lime; and as this base is supplied in water and most kinds of food, the change would be likely to take place.

Here the subject spreads itself out beyond the limits of an article, and I must leave it, simply saying that I have now two patients rapidly recovering from the third stage of tubercular disease on the use of syr. of phosphate of manganese, freely administered with cod-liver oil. With these, I unite the inhalation of the nit. silver and lycopodium powder, and a very vigorous administration of the hygienic laws, in the form of exercise, &c. In the cases alluded to, and in others where a less rapid improvement is occurring, the manganese has displayed good powers for correcting the anæmia, while the phosphorus has seemed to meet the various indications to which the above remarks point.

I have thus attempted to draw the attention of the profession to a subject, which, to me, has a special interest. With a powerful microscope, and such aids as can be derived from the present imperfect state of organic chemistry, I have entered upon some investigations respecting the pathology of blood, urine, and other fluids and solids of the body; and though I can hope to accomplish very little, I may be allowed, perhaps, to invite the encouragement and co-operation of those who are farther advanced—feeling well assured, that to such investigations, prosecuted in the spirit of true philosophy by all who have the opportunity, we may look with hope, as the source whence most of the true progress of medical science is to come.

IRA WARREN, M.D.

*Boston, December 18, 1851.*

## ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 411.]

IN Arachnitis we have generally a complete suspension of the mental faculties, and symptoms which progress from disordered intellect to that of complete destruction of it. There is also coma, accompanied with convulsion—and subsultus. In the *chronic* form, first described by Bayle, the leading character of the attendant delirium is a “heightening and exaggeration of all the ideas.” But this state of frenzy gradually subsides into mental alienation, impeded articulation, &c., running on to progressive paralysis both of body and mind. The French pathologists inform us that delirium is more to be expected where the superficial part of the membrane, on the convexity of the brain, is inflamed; but that coma, trismus, and convulsive affections, indicate the basillary portion to be the seat of disease. The membrane sometimes exhibits *patches* of inflammation; at others the inflammation is more extensively *diffused*, attended with opacity and thickening, and with *adhesion*, consequent on the deposition of albumen or lymph: and it is to the affection of the membranes rather than to that of the brain itself that Bayle, in his “*Maladies du Cerveau*,” attributes insanity, and conceives that the subsequent effusion or serum is (by its pressure on the substance of the brain) the cause of the paralysis and dementia in which it so often terminates. The pia mater is subject to the same indications of disease as the tunica arachnoidea; and with these acknowledged evidences of membranous inflammation it appears strange that copious depletion should not be found advisable—but so it is. Then, again, there is great expenditure of the nervous energy where the brain (from whence all nervous energy proceeds) is thus seriously excited; and this, in my humble opinion, is a main reason why depletion cannot be borne—why sudden prostration is likely to succeed—and why death follows fast upon it. Depletion may, and very often does, induce a temporary mitigation of all that tension, throbbing, and other sensations of plethora, which accompany early and acute mania; and those who are comparatively little experienced in such cases are induced to repeat the bleeding, should the vis vitæ and vis nervosa be not knocked down by the first bleeding. In inflammation of the pleura, or peritoneum, or other serous membranes, our mainstay is the lancet, and the loss of blood at times necessary to rescue the patient from the grave is scarcely credible. In the Medical Gazette of March, 1828, I published a successful case of pleuritis under my care, illustrative of such active treatment, in which 160 ounces of blood were taken in five days. Dr. Blundell has also recorded two successful and similar cases, in which a gallon and a half of blood were abstracted in the same short period.

In reports of the Ardent Fever of the West Indies, Mr. Comrie, a Naval surgeon, says—“In the course of three or four days above 250 ounces have been taken away, and always with success when timely application was made.” Here, however, there is no exhaustion of nervous power; the inflammation is confined to a membrane remote from the brain, and unconnected with it; and depletion must be carried till that inflammation is subdued. The physician must, therefore, use his own judgment in the treatment, taking care not to confound arachnitis, as an idiopathic affection unconnected with mental aberration, with the delirium ferox of insanity, and the supervention of inflammation on it. What I particularly mean to express is, that although post-mortem appearances in mania frequently

give undeniable evidence of inflammation having existed, and although early depletion may be, and is, necessary to a certain extent (especially where the subjects are young and plethoric, the invasion of the attack sudden and acute, attended with strong arterial action, heat of scalp, contracted pupil, and intolerance of light and sound, &c.), the greatest care should be taken not to exhaust nervous energy to such an extent as to endanger the attack's degenerating into irreparable dementia. Pinel was so apprehensive of this result, and so awake to the deceptive character of vascular plethora in the brain, that he opposed bleeding most strenuously, as tending to retard recovery, and even to render recovery doubtful. Esquirol partly coincides in this opinion, but relied more on leeches occasionally; Dr. Rush was particularly blood-thirsty; and Dr. Haslam placed much reliance on it, but not to the extent recommended by Dr. Rush. Dr. Prichard believed the cases to be very few which would yield to large depletion, and considered that the existence of the patient would be much endangered by it. Dr. Burrows (who, following the example and trusting to the experience of others, tried depletion for several years) admits that he discovered his error, and became so cautious in advising it that he scarcely ordered venesection in six cases of mania or melancholia in the same number of years; and that since he changed his practice the cases had been less intractable and less tedious, for he remarked how suddenly the strength of lunatics gave way on general bleeding!

It sums up (as I said before) in this—that the physician must exercise his own good judgment on this most knotty point in practice (not only in this but in every case, viz., the propriety or impropriety of bleeding), and prescribe in accordance with it. Suffice it to add, that Dr. Monro, Dr. Conolly, and other eminent physicians of the present day, who have devoted themselves to cases of insanity, deprecate the lancet altogether.

With respect to the substance of the brain, the leading alterations in its structure consist principally of increased firmness of consistence, or of the opposite condition, termed *ramollissement*, or softening; and some pathologists are of opinion that either condition may terminate in its opposite. Both are the result of inflammation. Paralysis is the common result of *ramollissement*, and when these are combined it is needless to observe how utterly hopeless the case must be.

Lesion of the cortical substance appears to be mostly connected with the intellectual functions, and disorganization of the medullary to affect more the motor powers; but disorganization of cerebral substance may exist to considerable extent without any manifestation of it during life, and large quantities of the brain have come away after severe fractures of the cranium without any deterioration of the intellect. Instances of this are recorded in the Edinburgh Medical and Surgical Journal, and I have heard also of a boy, who, on a portion of the brain coming away through a fissure in the skull, consequent on violent injury, coolly requested that it might be sent to his schoolmaster, in refutation of the schoolmaster having often told him “that *he had no brains*,”—a point in which they were quite at variance! In a word, great difficulty, uncertainty, and difference of opinion, exist on the physiology and pathology of this important organ, notwithstanding the results of dissection and all the researches that have been made: and more experience is yet necessary, and more study must yet be devoted to it, ere we can decide positively on the contingencies of function and lesion of this empire of reason and the soul! The only method (the late Dr. Baillie told me) of advancing medical science, is to



compare the appearances after death with the symptoms that manifested themselves during life, wherever and whenever an opportunity presents. But public Hospitals and Institutions are the only places in which anatomical investigations can be efficiently made. In private practice it is always unpleasant to make such a proposal, and, when made, the chances are much against its being granted. I can only say, with respect to myself, I have been so discouraged by reiterated refusals that I now very seldom solicit it. Only it is distressing to think how many a valuable specimen of disease, which would have been a most desirable acquisition to our Museum, and which might materially assist the advancement of pathology and science, is, through false feeling, consigned to subterraneous decomposition.

[To be continued.]

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 31, 1851.

*American Physicians in Paris.*—From various sources intelligence has been received of the formation of an American medical association in Paris, having for its special object the improvement of the members in their attendance on the French hospitals. In other words, the association has in view the plan of aiding American students to hear and see whatever is worthy of their consideration in the sphere of their particular pursuits. The society would be of immense utility if it could persuade all American students to be punctual in their attendance at the lecture rooms. Paris has something to be seen besides the dead and dying, and young gentlemen who go there from this country, do not, in every instance, confine themselves to the consideration of medicine and surgery. It is an accomplishment to have been a student, if but for a single week, in the hospitals of Paris—and many a one who has the reputation of having completed his medical studies in foreign institutions, has hardly achieved more than to enter at one door and pass out at another. Medicine and surgery, and most of their appendant branches, can be learned in our larger American cities, as well as in England or France, and this fact should be known and understood. Still we are advocates for foreign travel: it enlarges the mind, and liberalizes the feelings of those who have no conception of the state of society beyond their own domicile; while all the advantages derived from free intercourse with the learned of other countries, are by its means diffused through our own. The new American society may in another way greatly promote the interest of medical science at home, by transmitting to the Journals the earliest information of discoveries and improvements. In this manner, if it does not become the tool of some domineering clique, we may all be the gainers by its collections and publications.

*Transactions of the American Med. Association for 1851.*—This is a formidable volume—677 octavo pages—nearly 200 more than the volume for last year. The Association was instituted in 1847, and this is the fourth published volume. Should the Association be successful, as we all hope and trust that it will through succeeding years, what may not be anticipated

in the way of national medical archives? There is in this country medical talent enough to meet the highest expectations of the most hopeful, and through the paternal influence of the Association, which embraces the whole professional domain of the United States, the old world will in time discover that we are no idlers. If more of the profession would leave behind them, in a written form, the results of their every-day experience, it would greatly contribute to the advancement of medical science. It is useless to particularize the contents of this large work, which embraces the various and valuable reports of standing committees, the proceedings at the great meeting at Charleston, S. C., in May last, and the prize essay of Dr. Dalton, with its elegant illustrations. Those who have not yet had the transactions, should avail themselves of the opportunity while the volumes may be had at a very reasonable price, for it is quite probable that the demand will soon increase it.

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*Diseases of the Skin.*—Messrs. S. S. & W. Wood, New York, have republished the celebrated Manual on Diseases of the Skin, by MM. Cazenave & Schedel, with notes and additions by T. H. Burgess, M.D. This is the second American edition, enlarged and corrected from the last French one, with additional notes by H. D. Bulkley, M.D., &c., of the New York Hospital. It is a fair-looking octavo, of 348 pages. A general care in presenting each subject in the clearest light, is discoverable through the whole work. As the profession is quite familiar with the high reputation of the book, it is only necessary to state further that Dr. Bulkley's finishing touches have so enhanced its value to the practitioners of this country, that not to have it would be depriving one's self of an important assistant in prescribing for diseases of the skin.

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*Hints to the People on Medicine.*—Dr. Wood's little pocket publication, before alluded to, is moving on successfully, and perhaps accomplishing more of good in its way, than could have been achieved by any other means. One of the reasons why appeals to the judgment of the people, to their conscientiousness, to their patriotism, &c., so often fail to influence them, is, that they discover there is too much of self at the bottom; in short, the good of the people means the good of some one individual first. But Dr. Wood is provided for, and hence his motives cannot be questioned. It is well, both for the profession and the public, to have the principles of true and false systems of medicine fully explained by one so competent and disinterested.

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*Vermont Insane Asylum.*—We are reminded, by another annual report from this institution, that fifteen years have sped away since it was organized at Brattleboro'. Dr. Rockwell is still the medical superintendent, and the success and good management which have attended his administration in former years, still continue. When the fifteenth annual report was made up, in August last, there were 335 patients under treatment. In the past official year, 73 recovered; 11 were improved; 11 remained unimproved, and 35 died. Since the doors were first opened, 1,746 patients have been received. They are economists in Vermont—since all the expenses of the Asylum were but \$34,349 46, for a year; while the income for the board of the inmates was \$35,423 54, leaving a balance in favor of the Asylum of \$1,073 88. So much for having faithful public servants.

*Dr. Dowler's Theory of the Nervous System.*—It will be seen by the following extract from a notice of Dr. Dowler's "Experimental Researches," in the British and Foreign Medico-Chirurgical Review, that the double or four-fold system of neurology, which has been so generally believed in by physiologists, but denied by Dr. Dowler, is now given up by the conductors of that long-established and influential Journal. It is true the reviewer dissents, in the course of his remarks, from certain details of Dr. D.'s researches, and some of the deductions from them; but the assent to the correctness of his main propositions is as gratifying as it is unexpected. The following sentences are the commencement of the review alluded to.

"Dr. Dowler has made himself conspicuous among his brethren, by his refusal to receive certain of those Neurological doctrines, which, under one form or another, are now generally admitted amongst well-informed physiologists. We do not quarrel with him for declining to accept the double system of excito-motor and of sensori-volitional nerves, such having, as we now believe, no real existence in nature; and we have a strong sympathy with his objection to the new terms—diastaltic, esodic, oxodic, anodic, cathodic, paltodic, panthodic, anastaltic, catastaltic, peristaltic, &c., by the adoption of which, we venture to think, a comparatively easy subject would be rendered obscure."

*Introductory Lecture at the Mass. Medical College.*—The following correspondence will explain why the profession generally have not been put in possession, by its publication, of this excellent address, delivered by the Professor of Chemistry at the late opening of the lectures at the Massachusetts Medical College.

Boston, Nov. 24th, 1851.

DEAR SIR,—At a meeting of the Medical Class, held this day at the College, it was unanimously voted, that a copy of your introductory address be requested for publication, in order that the instruction and pleasure experienced by the many who were present at its delivery, may be equally enjoyed by those who were prevented from sharing that privilege.

In thus presenting you the general wish of the Class, permit us to thank you for the gratification you have already afforded us, and to tender you our respectful regard.

HORATIO R. STORER,	} Class Committee.
NATHAN P. RICE,	
DAVID CHOATE, JR.	
C. WHEATON ABBOTT,	
ALGERNON S. COOLIDGE,	

Prof. J. P. Cooke.

Cambridge, Dec. 23d, 1851.

GENTLEMEN,—I have received your kind note of November 24th, requesting me to furnish a copy of my introductory address for publication. I am sorry to feel obliged to deny myself the pleasure of complying with your request.

With many thanks for this expression of your kindness, and best wishes for your welfare and happiness,  
I am, gentlemen, your obedient servant, JOSIAH P. COOKE, JR.

Messrs. Storer, Rice, Choate, Abbott and Coolidge,  
Com. of Med. Class.

*Dental Amalgams.*—In the Baltimore Dental Times, there is an admirable paper on the character of amalgams for filling the teeth, which at some periods have been exceedingly popular. It is clearly shown that nothing can be relied upon for this purpose but gold; and when responsible dental operators all over the land have repeatedly taught the same doctrine, it is extraordinary that people of intelligence will allow second-rate, or rather no-rate persons to endanger their teeth and health by the use of other preparations. But quackery of every species thrives, and it would seem as though pseudo-dentists were sometimes patronized, because there is a pleasure in being cheated out of one's teeth.



*Human Body Petrefied.*—While digging coal near Mt. Morris, Illinois, there was lately found the body of a man in a perfect state of petrefaction. From the corduroy cloth in which the legs are encased, the cords and seams of which are perfectly defined, it is supposed to be the body of one of the Irish laborers engaged in the construction of the canal. The limbs are nearly perfect, and are completely transformed into stone. Portions of the body are in possession of Dr. Hand.

*Anatomical Examination of an Infant born without Eyes.*—By M. LISSA. The palpebral fissures were very small, not being above two lines in length; but the lids and lachrymal apparatus were perfectly developed, and the conjunctival membrane covered the contents of the orbit. There was not a vestige of the globe of the eye in either orbital cavity; its place being occupied by areolar tissue, in which the optic nerves seemed to lose themselves. The intra-cranial portion of these nerves followed its usual course; but the tubercula quadrigemina and the thalami optici were of very small size; thus confirming the view that the latter, as well as the former, are the ganglionic centres of the visual sense.—*Gaz. Med. Italiana.*

*Medical Miscellany.*—Dr. C. P. Johnson, professor in Hampden Sidney Medical College, Va., says in the Stethoscope that a mixture of vinegar and salt, two parts of the former and one of the latter, a table-spoonful every three hours, has been found very useful in obstinate diarrhœas.—The Virginia Stethoscope has reached the close of its first year, making a volume for the year of over 700 pages, and will commence its second volume under the most flattering auspices.—The new edifice for the Starling Medical College, in Columbus, Ohio, is nearly completed. It is 135 feet long by 120 wide, and the lecture rooms will each seat about 450 students.—S. S. & Wm. Wood's Catalogue of medical books, at their establishment at New York, shows their collection to be an extensive one.—Smallpox is still prevalent at the West.—Bronchial affections are rife in this region, and cases of typhus are frequently occurring.—The tenth anniversary of the New York Society for the Relief of Widows and Orphans of Medical Men, was celebrated on the 19th Nov., by a dinner at the City Assembly Rooms. About 140 were present, and Dr. J. C. Bliss presided. The amount of \$750 was contributed by Drs. Delafield, Thomas Ward, Detmold, Geschiedt, Bedford, Messrs. A. H. Ward and Kelley. Amount in the treasury, \$11,000.—The location of the Lunatic Hospital in this State is not yet decided upon.

TO CORRESPONDENTS.—Several interesting documents respecting Mrs. Willard's new theory of respiration were received too late for further notice this week.

DIED.—At Baltimore, Dr. R. F. Dillon, of Zanesville, Ohio.—At Brattleboro', Vt., Dr. J. E. Farwell, 33.

*Deaths in Boston*—for the week ending Saturday noon, Dec. 27th, 59.—Males, 31—females, 28. Accidental, 2—apoplexy, 1—asthma, 1—burn, 1—bronchitis, 2—consumption, 17—convulsions, 2—croup, 2—diabetes, 1—dropsy, 1—dropsy of the brain, 2—typhus fever, 1—scarlet fever, 1—hernia, 1—disease of heart, 1—infantile, 9—inflammation of the lungs, 9—disease of the liver, 2—teething, 1—disease of the throat, 1—unknown, 1.

Under 5 years, 24—between 5 and 20 years, 2—between 20 and 40 years, 23—between 40 and 60 years, 7—over 60 years, 3. Americans, 27; foreigners and children of foreigners, 32. The above includes 4 deaths at the City Institutions.

*Treatment of Diarrhœa by Sulphuric Acid.*—By G. B. PAYNE, M.D., of London.—During the present season some hundreds of cases of diarrhœa have fallen under my care, the majority of which have readily yielded to chalk, kino, tincture of opium, &c. Still, from time to time, more obstinate cases presented themselves, in which these things seemed altogether useless. A few weeks ago, when the first notice of the sulphuric acid plan was inserted in the *Lancet*, I chanced to be tormented with a very obstinate case, of three weeks' standing. The subject, a child of five years, was in the last stage of prostration, from the constant drain on the system: every means prescribed had failed to afford anything more than temporary relief. I gave the sulphuric acid, diluted, in fifteen-drop doses, every hour, and was no less gratified than surprised to find, the next day, very considerable improvement, the purging reduced in frequency to three hours or longer intervals. In short, by continuing the treatment another day, this apparently moribund child was restored to life, and ultimately to health. Encouraged by this, I have since that time given the acid freely, (occasionally combined with tincture of opium), and have been equally satisfied with the result. In cases, however, in which we have much straining and pain, and other dysenteric symptoms, I have found the acid comparatively valueless. In conclusion, I would observe, that another advantage, of no little importance in the treatment of children, attends the use of this remedy,—i. e., it can be made grateful and pleasant to the palate with a little syrup.—*London Lancet*.

*On the External Use of an Aqueous Solution of Tartar Emetic.*—By Dr. C. CLOC.—The author, in a paper published in the *Gazetta Medica Toscana*, reports the effects of the above application in various painful and inflammatory affections, both acute and chronic, as, for example, in acute arthritis, in an inflammatory swelling of the left elbow, in erysipelas of the face supervening during convalescence from smallpox, in metastatic cyanache parotideæ, in a leucorrhœa of long standing, which was cured by injections into the vagina of a solution of tartar emetic, &c. It must be observed that the topical use of the remedy was combined with the ordinary antiphlogistic treatment, and with general and local blood-letting. Nevertheless, its effects were rapid and evident. The author draws from his experience the following conclusions: 1. Tartar emetic, dissolved in a large quantity of water, and applied externally as a fomentation, is capable of subduing superficial inflammation, and is preferable to all other local antiphlogistics. 2. The solution employed by him consisted of ten grains only of tartar emetic in a pound of water, although a greater proportion might be employed. 3. The cloths should be well moistened and frequently changed. 4. As this cannot be done during the night, a small pledget wet with plain water is then to be substituted, so as to dissolve any particles of the salt which may happen to be left on the surface by evaporation. 5. The cloths should be of linen, and they should be folded double. 6. The effects are more rapidly produced if the cuticle be previously removed. 7. If the solution be applied to a blistered surface, a dry, smooth, shining crust is formed, without producing pain to the patient. 8. No inconvenience was produced by the application, even when continued for fifteen days or more, nor did it give rise to any gastro-enteric or general disturbance, whether employed upon the sound skin or over leech-bites, or where the cuticle had been removed.—*L'Osservatore Medico di Napoli*, No. 8, April 15, 1851.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JANUARY 7, 1852.

No. 23.

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NEW THEORY OF RESPIRATION AND CIRCULATION—INTERESTING EXPERIMENT ON AN ALLIGATOR.

[No apology is needed for laying the following correspondence before our readers. They will find it possessed of much interest, whatever view they may take of the theory attempted to be established. It will be seen that converts to it have risen up in no obscure place and of no mean standing—and Mrs. Willard may well be proud of the character and talent which have come to her aid in support of her new doctrines. It is proper to mention that she would gladly have withheld from publication the first part of Dr. Cartwright's letter—her "apotheosis"; but its omission would have injured his graphic description, into which it is so ingeniously wrought, and it is therefore inserted. The theory in question—viz., that the motive powers of the blood are in the lungs and not in the heart—is applicable, if true, to many useful purposes connected with both the healthy and diseased states of the human system; and we now have on hand, for publication in the Journal, some extended remarks on this point by Dr. Cartwright.—Ed.]

*Mrs. Willard.*

*New Orleans, Dec. 1st, 1851.*

MY DEAR MADAM,—I am about to write you a strange, original, but I hope not an unwelcome letter, on a most interesting and important subject, which, judging from your writings, seems very *strangely* to have enlisted the energies of your whole soul. Believe me, that what I have to say is the literal truth, which I can prove in any court of justice, although in communicating it I shall be compelled to borrow a little from the language of fiction, to tell of truths yet more strange. I therefore beg leave to inform you, that I was present at what might, in mythological language, be termed your apotheosis, and that New Orleans is entitled to the credit of being the first to award the honor. In ancient times, on such occasions, a vast pile of faggots and aromatics was set on fire, and an eagle let loose from a high pinnacle to mount into the sky as the messenger of the mandate to deify a mortal. Thus in Rome of old. But in New Orleans, instead of kindling the fire in a pile of faggots, it was kindled, by means of a blow-pipe, in the lungs of a dead leviathan of the Mississippi—or, in plain language, a saurian, crocodile or alligator, which *it brought to life*!! In its resuscitation your theory of "*the motive powers of the circulation of the blood*" was established beyond all doubt or dispute. The crocodile, an Egyptian divinity, resuscitat-



ed, instead of the eagle of imperial Rome let loose, was made the messenger of the mandate for your enrolment among the immortals. Many of the persons present upon the occasion are not unknown to fame. Prof. C. G. Forshey, a learned chemist and distinguished topographical engineer in the United States' service, and whose essays on the hydrography of the Mississippi you have probably seen, superintended the inflating process. Dr. Bennett Dowler, destined to live in futurity as the discoverer of post-mortem muscular motion under percussion, and whose pathological investigations, although not half told, have already given him a world-wide celebrity among the learned, performed the dissection of the thorax of the dead "*Niliaca fera*," literally laying the bosom bare by removing every covering that concealed the heart and lungs, thus enabling all to see what physiological phenomena occurred in bringing the dead to life.

The alligator had been killed by tying the trachea. After it had been, to all appearances, perfectly dead for about an hour, it was brought up, from its cage on the ground, in a back lot, by some negroes, into the third story of a house on Tchoupitoulas street, the most public street in the city, and placed on the dissecting table. Dr. Dowler then dissected the thorax, exposing the heart and lungs, and extended the dissection into the abdomen, so as to bring into view the organs of that region. The blood was all wiped away, and the viscera of the abdomen and thorax exposed naked to the eye. Not a motion or sign of life occurred. I took the heart in my hand. It was dead and cold. A hole was afterwards cut in the trachea, below the ligature, and a blow-pipe introduced, which Prof. Forshey worked. Long and lustily did the Professor blow—the sweat streaming from every pore from the exertion, and no motion or sign of life appeared. The operation was about to be abandoned, when I (having full faith in the main conclusion of your theory, although I believe that some of the links of the ratiocination leading to it are defective) advised the inflation to be persevered in—and soon a faint quivering of moving blood in the diaphanous veins of the lungs began to be seen. The inflating process was continued with renewed energy, and at length the blood began to run in a stream from the lungs into the quiescent heart. Then the heart began to quiver, and soon to pulsate, and ere long signs of life began elsewhere to occur. The inflation being continued, the animal began to move. Dr. Powell undertook to hold it, and, although a strong muscular man, "Caiman" became too strong for him and other assistants to hold. The inflation was stopped, and the saurian was bound with cords. The process was resumed, and had not been continued long, before Leviathan was himself again, and broke the cords as easily as did the strong man those of the Philistines. Becoming dangerous to the by-standers, and proving his title to his old epithets, "*formidabilis—immanis—terrificus—horrendus*"—the inflation was suspended, and the Sampson of the Mississippi was shorn of his strength, and fast bound to the table by strong ropes. Again the vital air was sent to his lungs, and again "*la grande Dragonne*," as the French call him, made the most vigorous exertions to get loose—biting and snapping at everything. The vivisection clearly

proved, that the *primum mobile* of the circulation and the chief motive powers of the blood are in the lungs, and not in the heart. Dr. Dowler, having never read your work on the circulation, when he saw the blood in motion in the lungs before any movement occurred in the heart, supposed that atmospheric air endowed the globules of the blood with a self-locomotory power. But why seek for a hypothetical self-locomotory power in the globules themselves, when the laws of chemistry declare to us the development of a most active locomotory power in the caloric evolved in the transmission of venous into arterial blood? the capacity for heat, between the two, being so different, that the latter could contain insensible caloric enough to give it motion, although its sensible temperature were actually less than the former. Thus either moves under a sensible temperature below that required to move water.

The alligator is a good type of those animals called cold-blooded. Some learned doctors have enlisted the cold-blooded animals and sent them against your theory of the circulation, to batter it down and to cover it with ridicule. How surprised will they be to find that these very animals sent against it to demolish it, have built for it an imperishable rampart, against all assaults.

In regard to the hot-blooded, I have a very pretty gold snuff-box, for which I am primarily indebted to faith in your theory, and secondarily to a lady, the mother of a child supposed to be dead, whose lungs I continued perseveringly to inflate until the *nouveau né* came to life, and is still living and flourishing.

But I must reserve some remarks I have to make on the utility of your doctrines, reduced to practice, for another communication.

You will be surprised and pleased at seeing an intimate connection traced between red, healthy blood, and education, physical, moral and intellectual, and the great advantages pointed out, which your discovery, showing how it can be made at will, gives to the physician in the prevention and cure of a multiplicity of diseases and infirmities—particularly some of those common, and most of those peculiar, to your sex—as also the hidden power, of which it is the spring, requiring only to be put in motion and properly regulated and assisted by other expedients of science, to confer on them, not only health, intellectual and moral superiority, but grace and beauty.

I have the honor to be, with great respect, your ob't serv't,

SAMUEL A. CARTWRIGHT, M.D.

Dr. Cartwright.

Troy, Dec. 11, 1851.

DEAR SIR,—Day before yesterday I received the wonderful account of the great "saurian" experiment by yourself and other eminent physiologists; and I received it as, some years ago, you told Mr. and Mrs. Prewett, then of Natchez, on returning to them my work on the "Circulation," that I had made the announcement of my theory. "She has found it," you said, "she has found it; it is true!—but she has told it like a woman." The statement of your wonderful operations on the monster of the Mississippi, learned and scientific—unexceptionable—all but a little poetic *heathenry* in the introduction, of itself jocu-

lar and amusing—yet moved me to tears and to prayers. Now God be magnified, I said, I shall no longer be looked upon as an impudent pretender, shunned and even hated by some of those whose good opinion is most valuable—pitied by others, as subject to a species of monomania—and thus, my usefulness in objects pertaining to the advancement of my own sex, materially hindered. For the great business and object of my life has been, and is, their improvement. This physiological subject, and history, have been the two main episodes; and both have furnished examples of the general manner in which my mind, whether I will or no, must operate.

The various steps of my *publishing* this theory, have resulted from the strong impulses of religious duty; for it was felt by me to be a masculine theory, and its reputation rather dreaded than coveted, though a sense of justice, and perhaps a love of fame, would not allow me to permit another to claim it. Many efforts were fruitlessly made to get it before the public otherwise than by publishing it in my own name. My small volume on “The Motive Powers which produce the Circulation of the Blood,” was drawn forth by the feeling that the long journey I was about to take, in which I visited your mighty river, whose exhilarating waters once drank, men grow so fearless, that they no longer care for death, either as respects themselves or their neighbors—being about to take this journey I felt it to be my duty to publish this theory *then*, as I might have no hereafter in which to do it.

Yet, the theory required to be received by the medical faculty before it could be said to be adopted. But where were the brave physicians who would dare—a woman having first promulgated it—to assert its truth and its importance? They ought to have been found among those who drink the courage-giving waters of the Mississippi, and whose hearts partake of that generous chivalry in the service of grateful woman, which my adventures would show, is indigenous upon its banks. And you, Sir, who pronounced my “Eureka,” guided alone by your clear perception of truth, you ought to have been in this affair as you are, “the man of destiny”; and *Leviathan*, breaking his bonds, is a fit emblem of what you have done.

All clear revelation must be “*from faith to faith.*” In reading your letter, some persons present, not previously initiated, wore countenances, as I was astonished to perceive, of indignant incredulity; and, on bringing them to explanation, I found that they regarded it as an unmitigated hoax!! and thought that Ferdinand Mendez Pinto was but a type of the author, whoever he might be. I however showed them so many evidences of its genuineness, especially the ability and learning, medical and literary, with which it was written, that they finally concluded that a man who could compose thus, would not stultify himself by a contemptible artifice. Nevertheless, in the announcement to the medical world of one of the most important and remarkable experiments upon their records, would it not be well to request Professor Forshey and Dr. Dowler, one or both, to give, in their own language, a statement to follow yours; so that by “two or three witnesses” the mouth of unbelief itself may be stopped.



In the mean time I will communicate with Dr. Smith, the editor of the Boston Medical Journal, and after copying your letter, send him the original ; and perhaps as the duty of forwarding for publication your mythological exaltation of myself, falls to me, I must send my answer too ; to show that though I thank you from my heart, it is not so much that you offer me a robe of honor, as that you take a fool's cap from my head, and a heavy weight from my feeble shoulders ; and chiefly, that I may now hope and expect, that the truth, which for nineteen years I have, by God's help, nursed in solitude and sickly shade, is from henceforth to emerge into free air, and vigorous sun-light, and to become a blessing to mankind. With profound respect, I am, Sir,

Your friend and servant, EMMA WILLARD.

### LUPUS.

[Communicated for the Boston Medical and Surgical Journal.]

FORTUNATELY lupus is not of frequent occurrence, for it seems to be further from the control of remedies than any other not purely malignant disease. A recent case under the treatment of Dr. Doggett, of Wareham, as consulting surgeon, a most skilful practitioner and successful operator, has suggested these remarks. The destructive ulceration usually commences near one of the natural orifices, where there is an abundance of secreting follicles. Not unfrequently a patch of skin inflames at the base of the *ala nasi*. The tubercular-shaped spot continues to swell and becomes red. It does not harden like scirrhus, but secretes a sanious matter and soon scabs over. Presently there is an ulcer formed, with an irregular inverted margin. Its progress is capricious, sometimes increasing and then commencing to cicatrize, but ultimately by gradual extension involving the flesh of the nose, cheek and lips, and the integuments about the eye. The bones of the face become carious and exfoliate. The orbit is sometimes destroyed, and the eye falls into the chasm beneath. The alveolar processes are removed, laying bare the sockets of the teeth, and the palate is destroyed and the nasal fossæ laid open. The lining membrane of the antrum suppurates, and the patient dies, a loathsome spectacle, worn out by pain and irritation. Such is the progress and termination of the genuine *noli me tangere*, or *herpes exedens*.

This species of disease is not strictly of the malignant order. It is confined to the external tissues, it does not attack the lymphatics, does not appear in remote organs simultaneously, nor does it return if effectually removed, which is rarely accomplished. Though it may not improperly be termed cancer of the skin, it has none of the rapidity of growth of genuine carcinoma, and but little tendency to visceral contamination. The cacosis attending cancer is not apparent, and the general health does not seem to suffer much from the primary disease. The first plain indication of treatment is to promote the general health by proper regimen. A nutritious and unstimulating diet is appropriate. All medication is of uncertain utility. Aperients and alteratives, sarsaparilla (any

further than it aids nutrition), liquor arsenicalis, and the iodide of potassium, are all usually ineffectual to arrest the disease. The diseased surface may be destroyed by escharotic of arsenic or zinc, but the ulcerative tendency is not stayed. Stimulants of nitrate of silver or more powerful agents will not permanently alter the disordered action. Cautic appliances, such as potassa fusa and the Vienna paste, are frequently prescribed. All these means are at the command of the surgeon, as well as the internal administration of the chloride of arsenic and numerous lesser remedies, but the disease proceeds without let or hindrance. Opium or its preparations, and other anodynes, to allay pain and anxiety, are the only real palliatives. Narcotics are at last, as in all chronic diseases when given in gradually-increasing doses, borne in astonishing quantities. A tolerant habit is established, and when the necessity for their use exists no longer, there remains a craving for a stimulant sedative very difficult to overcome. A clergyman in one of the western counties of this State became so inveterately attached to the habit, that he could abstain, by no manner of means, from the regular use of opium. His ordinary dose was four grains. He attempted to diminish it, but could succeed only by mixing a gradually-increased quantity of some inert substance with the drug, so that the bolus should not be decreased in size.

The inceptive stage of lupus is generally very protracted. The crypta or follicles in which the disease commences, and whose functions are to secrete a fluid for the purpose of keeping the parts moist and to preserve them from irritating bodies with which they come in contact, are peculiarly susceptible to the influences producing lupus. The papula, which at last becomes so dangerous and distressing, perhaps has existed since the memory runneth not to the contrary. The apparently harmless and inert pimple attracts no attention for years, and after the lurking mischief begins to be developed and the morbid process commences, its progress is almost imperceptibly slow; and when the erosive disease is fairly established, its stages are extremely lingering, so that the patient dies rather from exhaustion than from the malignant diathesis. It is curious to remark the influence a case of this kind will produce upon the observers. Every pimple is magnified into a cancer in ambush, and all sorts of premonitions are conjured up. The surgeon may assert, with a good degree of assurance, the improbability of any particular individual being attacked by this affection.

E. SANFORD.

*December 29th, 1851.*

## FRACTURE OF THE CRANIUM, WITH DEPRESSION—TREPHINING—RECOVERY.

BY HAMNETT HILL, BYTOWN.

ON the afternoon of October 13th, about 2 o'clock, Peter Pinard, aged 8 years, while playing in a stable, received a kick on the forehead from a horse, midway between the edge of the orbit and the frontal protuberance on the right side. He was rendered senseless by the force of

the blow, which severely cut the integuments, and indented the bone of the skull. I was called to him, in consultation with the late Dr. A. Beaubien, at 3 o'clock, P.M., about one hour after the accident, and found him with a gaping, contused wound on the right side of the forehead, of about two inches in length, parallel with the long axis of the orbit, the centre of which would correspond with the pupil of the eye on that side. It was evidently the result of the toe caulk of the horse's shoe, which had taken such terrible effect on the *os frontis*. The integuments were driven upwards; and, on introducing the finger into the wound, at its upper margin, there could be distinctly felt the well-defined edge of a part of the fractured frontal bone, for about an inch in length, while below it the bone seemed shattered, and forcibly driven into the substance of the brain to a depth of near half an inch. Severe as was the injury, but little effect seemed to be produced in comparison with what one would have expected. At this time the boy was perfectly sensible, his breathing quite regular, not the least stertorous, pupils sensible to the action of the light, and pulse about 72, without any peculiarity in it; he was very intolerant of pain, and writhed about very much on any examination being made of the wound. Such was the state of the symptoms; and although the physical evidences of bony depression were too obvious, yet, as there was wanting every indication of compression of the brain, it naturally became a question whether it was justifiable to trephine him, or await the issue of subsequent symptoms. We decided on the latter course, and proceeded to dress the wound lightly; but, ere half an hour had elapsed, the symptoms began to put on a more alarming aspect. The pulse became slow, and continually intermitting; an increasing disposition to somnolency manifested itself, during which state the eyelids remained open just enough to show the pupils, which were now strongly contracted; but, on rousing him, which the slightest pain would do, they became widely dilated, and so remained when exposed to the light of a candle. Under these altered circumstances, the operation of trephining was promptly decided on; the wound was therefore enlarged upwards, at right angles to its original direction; thus making it of a T shape. The reflection of the two flaps gave ample room for the further steps of the operation, which was accomplished without much difficulty, except from a somewhat troublesome hæmorrhage from the frontal branches of the temporal artery, which obscured the parts from view. On removing the semicircular portion of bone under the trephine, I endeavored to raise the depressed bone with the handle of a tooth forceps (a good substitute for the elevator), but it was so firmly impacted and wedged as to render it impossible to stir it; so, reversing the forceps with much care, I laid hold of the depressed bone, and, with a steady, wriggling motion, at last succeeded in removing it from its situation. Another portion presented itself nearer to the temporal region, which was also detached with much less force, and a third portion, nearer the orbit, was then elevated to its normal position. The *dura mater* was found to be lacerated, and portions of the cineritious substance of the brain were successively removed by the sponge, in clearing the wound of blood and coagula. The three



pieces of bone removed, when arranged, after the operation, represented an irregular triangle, measuring one inch and three quarters in its maximum length, by one inch and an eighth, thus leaving a hole large enough to insert three fingers into the cranium. The susceptibility to pain was so unusual in these severe injuries of the head, that it was deemed advisable to give him chloroform. In fact, without it, it would have been next to impossible to keep him quiet. After ascertaining that no spiculæ or sharpened edges of bone were likely to irritate the brain, the edges of the wound were brought together with sutures, and dressed with cold-water dressing. By this time the symptoms had continued increasing in severity; the pulse was barely perceptible; the extremities had become cold, lips blue, and insensibility continued complete long after the use of chloroform was discontinued. Under these circumstances the patient seemed to be rapidly sinking, and we plied him vigorously with brandy and water, heat to the extremities, &c. &c. At last re-action became fairly established, and at eight in the evening I found him with a pulse at 126, soft and regular, tongue clean, respiration natural, countenance good, pupils sensitive, heat restored, and without a single complaint; the stimulus had long since been discontinued, and he was ordered a purgative of calomel and jalap.

It is unnecessary to trespass on your pages with a daily detail of the symptoms or treatment; suffice it to observe that, under the attentive exhibition of aperients, low diet, and local application of cold to the seat of injury, his recovery has been continued, and that, at the expiration of about a fortnight, the wound was entirely healed, and he seemed as well as ever in all respects, save some slight dilatation of the pupils.

*British American Medical and Physical Journal.*

#### ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Continued from page 456.]

LEAVING, therefore, any further discussion of the pathological condition of the encephalon, I will merely allude to the visible and outward aspect of the chronic lunatic. Here the hair is generally dry and stubbed, sometimes neglected, long, ragged and matted; the skin greasy, cadaverous, sallow, with (in many subjects) a papulated variegation resembling acne; sometimes it is dry and harsh, as though there were little or none of that secretion of insensible perspiration which we find in health and youth. There is, in short, a general want of tone in the skin, as well as in the whole constitution; the clear transparency is ill exchanged for a muddy aspect, and the whole appearance of the patient becomes so aged and altered, that, if ever beauty reigned, scarce a vestige will be discoverable. And yet that fell disease, that fatal scourge of Europe, so linked with Beauty as to carry off more than half her offspring (phthisis), is one of the most fatal diseases consequent on insanity. Most lunatics become emaciated; for, ravenous in most instances as is their appetite, the process of nutrition lingers, at least in a large majority, and tubercular cachexia frequently supervenes, or they

become atrophied, without the usually prominent features of phthisis. This is, however, by no means universal; for corpulence may be observed here and there in most asylums, and if it were true (which *I* beg leave to deny) that "Fat paunches have lean pates," we might expect a much larger number of them amongst the insane—nay, Bedlam would be crammed with little else! Others die of exhaustion, induced by long-continued excitement, want of sleep, and that smouldering fire of adynamic fever which gradually consumes its fragile tenement. The latter condition is often leagued with a chronic inflammatory state of the mucous membrane of the stomach and bowels—that sub-acute "gastro-enterite" on which some authors seem to imagine insanity to be mainly dependent: for, although constipation is a common event in insanity, yet an opposite condition of a dysenteric character will frequently be found to prevail, terminating now and then in colliquative diarrhœa, and death. Without, however, concurring in so fanciful a theory as that insanity is a quasi-reflex action from the abdominal viscera, it has been shown by the statistics of upwards of one thousand fatal cases in France, that, next to diseases of the brain and its membranes, more deaths were assigned to diseases of the abdominal viscera than to any other cause; and next to them, to diseases of the heart and lungs. The rate of mortality is greater in men than in women. All these numerical results, however, are uncertain, and of course vary with different contingent circumstances in different asylums.

The allusion to these different diseases to which lunatics are liable, and to which they mostly succumb, naturally awakens our attention to the treatment of them. But the medical treatment of these unfortunate beings is principally comprised in the treatment of the several diseases with which they may be visited; for we have no *antimaniacal* drugs—no pharmacopœia *lunatica*. Their diseases must be met much in the same way as the same diseases are met and treated where reason is undisturbed; and the hellebore with which Melampus was said to have cured the daughters of Proteus may be classed in efficiency for the cure of *mania* with the pills that were sold to prevent earthquakes! Courses of different medicines, such as mercury, emetics, nauseants, cathartics, narcotics, counter-irritants, tonics, &c., have all been tried, and each of them in turn may have been occasionally attended by the best effects, and by recoveries; and (to be brief) where certain symptoms have shown themselves calling for specific medicines, they have (as might be expected) fulfilled the object of their exhibition. Tonics are undoubtedly much required and much used (as may be imagined where debility is so common), and perhaps *more* than any other class of medicines. Medicines of all kinds are equally necessary, according to circumstances, for the insane as well as for the sane. Nevertheless, there is no *panacea* in either case! Many cases of insanity present no corporeal disease, though many others are so involved in, or based on it, that they are amenable to cure, in which cases "*Sublatâ causâ, tollitur effectus.*" Hence a ward in a public lunatic asylum may require as much medicine, and as much variety of treatment, as the patients in a hospital. In fact, they require double care; for the mind is diseased as well as the body, and

must be equally ministered to. "No one," as Dr. Davey observes, "can be expected to succeed in the treatment of mental diseases, who fails to regard the brain as the organ of the mind." Again: "As regards the strictly medical treatment of the insane, those general principles of science, physiological and pathological, must invariably direct the practitioner, which he is in the habit of recognizing when engaged in the management of all other diseases, and of every kind of injury; and without great and unremitting attention to the various subjects of diet, ventilation, occupation, amusement, classification, &c., the physician will find all his labor in vain. To these all-important auxiliaries we are indebted more particularly for the successful result of the grand experiment made at Hanwell by Dr. John Conolly, viz., the entire abolition of all kinds of restraint in the management and cure of the lunatic, and the adoption of the humane plan of treatment—a fact this, than which none other appertaining to medical history is more deserving the gratitude of the philanthropist and the esteem of all lovers of science; and one, moreover, not only well calculated, but destined to give to the name of Conolly a niche in the Temple of Fame, by the side of those of Oberlin, Fry, Montague and Clarkson." I cannot quote this merited compliment to Dr. Conolly, from the work of his former colleague at Hanwell, Dr. Davey, without expressing my unfeigned pleasure in knowing that Lord Ashley (now Earl of Shaftesbury), whose name and exertions in the cause of philanthropy stand out in such transcendantly bold relief in the present day, has most successfully set on foot and carried out the means of presenting Dr. Conolly with a substantial testimonial of the high appreciation in which he is held by his medical brethren and others for the science he has displayed, as well as the humanity which he has evinced, in the care and management of the insane.

It is remarkable how healthy the insane are. In a visit which I made last week to the Asylum at Hanwell, in company with Dr. Conolly, I was astonished to find scarcely an invalid amongst nearly one thousand patients—certainly not half a dozen requiring medical treatment for bodily disease. I have observed the same immunity in the asylums in Essex. Much of this exemption of disease is attributable to the cleanliness, ventilation, regulated temperature, exercise in the open air, regularity of diet and living, and all those known rules and regulations which act as prophylactics generally.

In going round Bethlehem Hospital with Dr. Monro, only yesterday, there was scarcely a patient who had occasion for his professional advice for any bodily disease. There was what sailors call a "clean bill of health" amongst about four hundred of the *detenus*, and the ventilation, cleanliness and regularity were striking features of the institution.

The grand principle of modern and improved treatment is to avoid even the appearance of unnecessary restraint, as well as restraint itself; and to treat the insane with a confidence which will almost invariably excite their secret but proudest endeavors to preserve and retain. There is a secret power which holds the helm and guides it more effectually in its controlling and moral influence than the rude restraints applied to the bones and muscles of the human frame. There is no influence so pow-



erful as the sphere of a *moral* influence. Put the padlock on the mind ! The *Lock* on the *Human Understanding* ! One of the wildest and most violent patients at this time in the Asylum at High Beech is on his *parole* : and although he is most anxious to be set at liberty, and continually appeals for it on every occasion of my visiting that Asylum, and could at any hour walk into Epping Forest and escape in any direction, no inducement can tempt him to open the latch-gate which bounds the garden in which he daily walks. "*La liberté nous rend fidèles.*" The reliance placed on his sense of honor has awakened a proper pride within him, and strongly illustrates the good effect of moral treatment. "There is a stage," says Dr. Gooch, "approaching convalescence, in which the bodily disease is loosening its hold over the mental faculties, and in which the latter are capable of being drawn out of the former by judicious appeals to the mind." It is when the icy fetters in which reason has been enchained begin to thaw beneath the genial ray of moral influence, that the prospect and the hope of recovery beam forth. Kindness of manner, appeals to their sense and sensibility, cheering promises of cure and liberation, and dealing with their reason as though she had not been shaken from her seat, soon give the medical superintendent a valuable ascendancy over patients, and materially tend to disperse the thick cloud of delusion in which their intellect had hitherto been enveloped. It obtains their confidence and conciliates their esteem. They look upon their manager as a minister of "balm to their hurt minds," instead of a tyrant and a despot. This feeling was extensively demonstrated during my visit to the different wards with Dr. Conolly last Saturday. Their subservience and affection seemed equal ; but

"If e'er it chanc'd, as sometimes chance it must,  
That one among so many overleap'd  
The limits of control, his gentle eye  
Grew stern,"—

and they were instantly subdued. They are brought to consider themselves as visitors instead of prisoners, and to feel that when their minds, which had been in an unsettled state, shall have recovered their serenity, they will return to their business and their friends. In the interim, their attention is engaged, and their time pleasantly and advantageously passed in occupations connected with trade, or in diversified innocent amusements, both in doors and out, according to their fancy and inclination. It is a signal error to suppose that the insane are to be treated as if they were wholly irrational, for they are not so ; very many of them are accessible to reason—at all events, and in all cases, they should be treated as if they were ; and (if capable of being reasoned with) a well-directed reply will sometimes remove a false impression from a patient's mind. A lunatic, under the care of the late Dr. Allen, imagined himself to be Jesus Christ, and in proof of it showed him a scar he had in his side, which, he said, had been occasioned by his having been pierced with a spear. Dr. Allen, remonstrating with him, remarked that our Saviour was wounded on the opposite side. Ashamed apparently at the fallacy of his own reasoning, he hid himself under the bed-clothes, and never again reverted to the impression.—But, to return

to the subject of reposing confidence in patients. Nothing but absolute necessity should justify absolute restraint. It only exasperates the furious, and renders the suicide more determined to effect his purpose. The faults of lunatics, like those of children, should be viewed with pity, for they are the ebullition of feeling without understanding. We must visit them lightly, blending firmness with kindness, and tempering our reproof with moderation and prudence ; like the

“ Father!—whose authority in show,  
When most severe, and mustering all its force,  
Was but the graver countenance of love!  
Whose favor, like the clouds of spring, might lower,  
And utter now and then an awful voice,  
Yet had a blessing in its darkest frown,  
Threatening at once and nourishing the plant! ”

As soon as their convalescence renders them capable of estimating kindness, they will much more readily submit, and, even in the height of their most furious paroxysms, it is astonishing how much may often be done by liberality and gentleness. This may be extended or curtailed, according to their conduct ; making them sensible of greater indulgence in proportion to their exercise of *self-control*—a virtue and a duty which should be inculcated and impressed on them in every possible way. I will give one instance, and only one, to show the advantage of liberality combined with the precept of teaching this important duty.

Some years ago, a man, about 34 years of age, of almost Herculean size and figure, and very violent, was brought to the York Retreat. He had been often afflicted ; and so constantly, during the present attack, had he been kept chained, and so fearful were those who had the charge of him of his violence and his strength, that his clothes were contrived to be taken off and put on by means of strings, without removing his manacles. They were, however, taken off when he entered the Retreat, and he was ushered into the apartment where the superintendents were sitting at supper. He was calm ; his attention appeared to be arrested by his new position. He was desired to join in the repast, during which he behaved with tolerable propriety. After it was concluded, the superintendent conducted him to his apartment, and told him the circumstances on which his treatment would depend—that it was his anxious wish to make every inmate as comfortable as possible, and that he sincerely hoped the patient's conduct would render it unnecessary to subject him to coercion. The maniac was sensible of the kindness of his treatment. He promised to restrain himself, and he so completely succeeded, that, during his stay, no coercive means were ever employed towards him. He was frequently very vociferous, and threatened his attendants, who, in their defence, were very desirous of restraining him by the jacket. The superintendent on these occasions went to his apartment, and though the first sight of him seemed rather to increase the irritation, yet, after sitting some time quietly beside him, the violent excitement subsided, and he would listen with attention to the persuasions and arguments of his friendly visiter. After such conversations the patient was generally better for some days or a week, and in about four months he was discharged perfectly recovered.

Can it be doubted that, in this case, the disease had been greatly exasperated by the mode of management? or that the subsequent kind of treatment greatly tended to promote his recovery? Surely the case requires no comment.

[To be continued.]

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#### CASE OF POISONING WITH STRYCHNIA.

BY ALEXANDER SMITH, M.D., EDIN., FORFAR.

T—— H——, a gamekeeper in the neighborhood, who had been missing from the 7th of May last, was found dead in a plantation on the 11th. A phial, labelled “strychnia, poison,” and containing a small quantity of a whitish powder, was found lying by his side: which I took possession of. On my arrival at the spot, the body, which had not been moved, was lying on the face, with the hands firmly clenched, the feet very much extended, and the head considerably bent backwards. Every joint of the body was excessively rigid, and some of the muscles exhibited the same appearance as when in powerful action during life. There were no marks of violence, except a few superficial scratches on the eye-brows and tip of the nose, probably produced by the stems of the rough strong heather, among which the face rested. The countenance was very livid, and somewhat swollen. Except some shrinking of the eye-balls, and the usual opaque appearance of the corneæ, observable soon after death, there was little indication of putrefaction.

The body having been removed to a convenient place for further examination, the head was opened, and the bloodvessels on the surface of the brain found very highly congested. On cutting into the brain, the texture of which was healthy, numerous bloody points presented themselves. The choroid plexus was very turgid. On cutting the scalp, dark-colored fluid blood flowed freely from it. The blood manifested the same appearance throughout the body. The lungs were healthy in structure, but much gorged with blood, and the heart, which was also natural, had both ventricles very much distended. The stomach, which externally exhibited no trace of disease, and a portion of the duodenum, with their contents, were removed for more minute examination. All the other viscera of the abdomen were in a healthy condition. The spine was not examined. On opening the stomach a patch of the villous coat, near the cardiac extremity, presented considerable congestion, and a small quantity of a whitish powder adhered to the membrane at this part, and also at some others where no congestion was manifest. It contained no food, and only a few ounces of fluid, which exhaled a strong spirituous odor. A minute quantity of the contents was then mixed with very dilute sulphuric acid, and boiled in a glass vessel for about half an hour. A portion of the supernatant liquor, when cold, being treated with nitric acid, was changed to a light orange color, and another portion, upon adding solution of tannin, deposited a pretty copious grayish-white sediment. A small quantity of the powder found in the phial was treated in the same manner, and similar results produced.



The detection of strychnia, so far as my information goes, is at present surrounded with great difficulty and uncertainty. On this account, and also from the fact of very few cases being on record where a thorough and scientific examination has been made by men of authority on the subject, I transmitted the stomach and remainder of its contents to Prof. Christison, who kindly undertook to inspect them, and has since furnished the following account of his examination :—

“The contents, and washings obtained with water acidulated with sulphuric acid, were filtered, treated with milk of lime, concentrated to a thin syrup, and filtered again. The insoluble lime-salts and excess of lime would contain strychnia, if there was any. The mixture, dried at  $212^{\circ}$ , was treated with boiling rectified spirit, and the solution was evaporated to dryness. The extract had the intense persistent bitter taste of strychnia, and was turned bright yellow by nitric acid. Another test mentioned in my Dispensatory did not act characteristically, the colors being altered by organic matter. There is, in fact, a want of positive tests for strychnia, when mixed with organic matters, unless the proportion were considerably greater than in this case, so as to admit of some complexity of chemical handling.

“I think there is satisfactory evidence for a case of suicide or accident. It may be doubted whether this chemical evidence, however, would be enough in a charge of murder—in which there was no proof of the nature of the symptoms.”—*Edinburgh Monthly Journal of Med. Science.*

## ON A NEW AND SIMPLE METHOD FOR THE CURE OF FISTULA.

BY H. B. EVANS, ESQ., M.R.C.S., ETC.

THE frequent occurrence of fistula, and the often unfortunate and unsatisfactory results of an operation intended for its cure, induce me to make known to the profession, through the medium of *The Lancet*, a simple plan of treatment, which has proved eminently successful in two cases under my care.

In October, 1850, W. E——, box-maker, aged 42, applied to me with an abscess in the neighborhood of the rectum, pointing externally, which was opened, and gave exit to a large quantity of pus. This gradually degenerated into a deep fistulous tract along the rectum, and communicating with it at its extremity. For two months the usual remedies were adopted without success, and I then expressed my opinion that an operation must be resorted to. In this I was fully borne out by the opinion of an eminent hospital surgeon whom I called in. This the patient obstinately refused to submit to, and such refusal led to my adopting the mode of treatment I am about to detail.

A blunt-pointed silver probe, five inches in length (the sinus itself being four inches in depth), was inserted into the wound, having previously been dipped in dilute nitric acid (one part of acid to one part of water), and suffered to remain there a minute. That this had a strong cauterizing effect, I knew from the pain it occasioned. Thus far the result

was desirable : but in consequence of the destruction of the silver probes by the acid, and the impossibility of using them more than three or four times, I had some copper ones made, and used them in the same manner, only thus substituting a nitrate of copper for a nitrate of silver, and I think with a better effect. Under this treatment I was pleased to see the depth of the sinus daily decrease by the gradual filling of it up with healthy granulations from the bottom. This was continued nearly every day for two months, February 22d, 1851, being the last occasion on which I thought it necessary to apply the nitrate of copper. The patient is at the present time perfectly sound.

In March, 1851, W. H——, aged thirty, applied to me with strumous disease of the testicle. Iodine and iron were given, which arrested the progress of the disease, and produced a corresponding improvement in his health. The outward form of the testicle was retained, but with an open sinus of an inch and a half in length in an oblique direction from the apex, and discharging a thin, white, glairy fluid, peculiar to fistulæ. The same treatment was pursued as in the former case, the sinus becoming entirely filled up, and the patient discharged at the commencement of the present month (September), without any external marks of previous disease, beyond a slight irregularity on the surface and a small cicatrix.

Thus by an easy method may the most strumous fistulæ be traced to their extremities, and a strong caustic power applied to the bottom of the wound, from whence it is so desirable granulations should arise.

A limited sphere of private practice enables me only to give these two cases ; but I have no hesitation in saying, that if this system be approved of and practised by surgeons generally, they would have as much reason to be satisfied with it as myself and patients, and the use of the knife would become almost obsolete. When a silver and copper wire are introduced together, after having been dipped in the acid, the caustic effect is intense (likened by the patient to a red hot wire), and if allowed to remain too long, would destroy the tissues with which they were in contact. This, I apprehend, is the effect of the galvanic action set up by the contact of the copper and silver wire with the acid acting upon them.—*London Lancet*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 7, 1852.

*Diseases of the Lungs.*—Unusual attention is now being paid by the profession to diseases of the lungs and chest. It is time that some progress should be made in that direction. While the mortality from these diseases is annually increasing to a melancholy extent, the system of treatment has not been essentially modified for the last forty years. Something must be done. The people look to physicians imploringly, as the multitudes of youth annually drop into the grave, and demand some marked effort beyond what has yet been attempted. Irregular practitioners are in the ascendant, throughout the interior of the country, in the treatment of pul-

monary complaints, mainly because they have the reputation of having discovered new or at least appropriate medicine, while we are reproached with giving nauseating doses, applying tartar emetic ointment, &c., and then leaving the patient a prey to every mountebank within call. Public sentiment justly demands every exertion at our hands; and it would tend to the restoration of confidence where it has been unfortunately weakened, were premiums offered by medical associations for the best treatises on the management of diseases of the lungs in the United States. This might be one of a series of means to rescue this branch of professional business from the grasp of pretenders in medicine, by convincing society that while we sympathize in the sufferings and sorrows caused by pulmonary consumption, we are also laboriously studying for new resources in nature and art to counteract its frightful mortality.

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*Policy of Medical Societies.*—It is a subject of surprise to medical men, why so strong a prejudice exists among the people against incorporated medical associations, which contemplate nothing more than the usefulness and respectability of the profession. The impression is extensively entertained that they are combinations to keep up prices, to put down individuals who presume to deviate from the rules which such associations prescribe, to monopolize the sick, and thus interfere with the rights of free citizens, who, it is said, and said truly, have an inalienable right to take medicine when and of whom they please. On the other hand, the theory of the law, where there is any yet remaining in force, for the protection and regulation of the practice of physic and surgery, is, that all persons are not competent judges of what kind of medical service is best for themselves, when prostrated by disease, and the State therefore refuses to allow incompetent men—those who have had no acquaintance with the structure of the body, and who have not been taught the known physiological laws of life at the universities where they are presumed to be understood—to prescribe for the sick. The constitution of modern society and the human constitution differ very materially; and those who assist in the formation of the first, are quite determined to regulate the last, and long ago succeeded in breaking down nearly all legislative provisions in regard to medical practice. The people now cry out against the incorporated societies, and it is perfectly plain that little sympathy or favor is felt for our organization, beyond the circle of its members. The late expulsion of a member of the Massachusetts Medical Society is reviving an old opinion that we dragoon our own associates, and if they are not sufficiently supple, exert all our corporate power to expel and destroy them. Now we know that no such motive influences the Massachusetts Medical Society; yet no declaration would change the public sentiment where the prejudice is strongly manifested against corporations of this kind. It is very much to be regretted, under this aspect of circumstances, that extreme measures have ever been taken. It would be better, in our opinion, to request an offending fellow to withdraw, than to promulgate his disgrace by the Society, which is pretty certain to result in its injury, without being of any advantage to those most prominent in maintaining the dignity of the corporation. The Massachusetts Medical Society will soon be conspicuously engaged, according to the public papers, in sustaining one of its members, who is prosecuted for a libel upon a recently expelled member. If it were possible to settle the difficulty by reference, how much better than to bring



ourselves into a condition to increase the dislike already existing towards a venerable institution.

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*Illustrated Surgery.*—Messrs. Ticknor & Co. will soon publish a rich volume on Surgery, with 296 pages of beautifully drawn plates, and 300 pages of text, by Richard Piper, M.D. All the illustrations were executed by the persevering and ingenious author, who has shown himself to be an accomplished artist as well as writer. We shall soon give a specimen of some of the plates, in a number of the Journal.

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*Mortality of different States.*—The census of 1850 shows the following proportion of deaths to the whole population of the following States:—Vermont, 1 in 100; Iowa, 1 in 94; Georgia, 1 in 91; Michigan, 1 in 87; Tennessee, 1 in 86; North Carolina and Alabama, 1 in 85; South Carolina, 1 in 83; Maine, 1 in 77; New Jersey, 1 in 75; Virginia, 1 in 76; Illinois and Delaware, 1 in 73; Arkansas, 1 in 70; Texas, 1 in 69; Rhode Island, 1 in 66; Kentucky and Connecticut, 1 in 64; Maryland, 1 in 60; Massachusetts, 1 in 51.

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*The Advantages and Duties of Medical Men.*—At the annual distribution of prizes, lately, at St. George's Hospital, London, the Lord Chief Baron, who presided at the meeting, made some interesting remarks, from which the following extract is taken.

“The opportunities of studying in hospitals were of comparatively modern date—so much so, that some of those who had much extended the system were still living. It was now certainly a matter of satisfaction, that the study of anatomy could be pursued under the sanction of the law, and with the facilities given in establishments like that hospital for the study of disease. Sir Benjamin Brodie had pointed out to them the importance of the study of disease by the bedside of the patient; and had told them, that notwithstanding his lengthened study and experience, he still derived assistance and information from his notes taken, while a young man, at that hospital; and they could not do better than follow the example of so distinguished a member of the profession. If ever the great law which governed human life was to be discovered, it could only be through the accumulated observations of those who devoted themselves to the medical profession. He knew of no profession—without disparagement to his own or any other—more valuable or more interesting than that of the surgeon and medical man. They had the whole study of nature before them, while the profession to which he belonged, after leaving science and literature at Cambridge or Oxford, were confined to the dull study of precedents and acts of parliament, many of them contradictory, and hardly to be rendered consistent with one another. The gentleman who first addressed them had alluded to the advantages of industry, which could not be too highly appreciated. Demosthenes, upon being asked what were the requirements of an orator, replied—firstly, action; secondly, action; and thirdly, action; not meaning thereby, however, the mere swinging about of the arms. Now, if he were asked what would insure success in life, he would say—firstly, industry; secondly, industry; and thirdly, industry. He believed that it was the Count de Buffon who said that genius was nothing. He would not go to that extent; but though the public admired and revered genius, it did not reward it, the real rewards

in this life being obtained only by labor—continuous labor. The greatest reward in this life was to be found, not in wealth, not in power, but in the consciousness that a man possessed of having faithfully performed his duty—and he knew no sphere in life in which that consciousness was so fully enjoyed as in the medical profession. He had known lawyers dissatisfied with their lot, but he had never known a medical man who was. Indeed, he could imagine no man who was so favorably situated throughout life as he who devoted himself to the medical profession.”

*Quack Medicine Advertisements.*—The ingenuity of our native quack medicine merchants is unique. Even in England, where every effort is made to impress the gullible public with the transcendent properties of patented and secret compounds, the dealers fall far below the knowing ones in the United States, in their schemes to gain the attention of medicine takers. One of the latest and most determined enterprises in the way of drugging the public, is found in the advertisement recommending a new something, that is called Radway's Relief. Much as we despise the trickery, the wholesale spirit of bombast, braggadocia, misrepresentation and energy of purpose, displayed in its concoction, struck us as being really a striking feature in the business, and calculated to make one laugh at its bold exhibition. It commences thus:—

“*Rheumatism.*—Twenty thousand cases cured in New York; 10,000 cases cured in Illinois; 30,000 cases cured in Michigan. So quick is Radway's Ready Relief in curing rheumatism, that nine patients out of every ten are relieved from all pain in a few minutes after the first application. We have known as many as 20 persons in a day that called at our office in their carriages and had to be helped up stairs, to have the Relief applied by us, and in fifteen minutes have walked away, rejoicing that Radway's Ready Relief enabled them to walk home—without the aid of their crutches, walking sticks, or any other assistance.”

In short, it is unblushingly represented to be the sovereign remedy for all human maladies, in language so positive and strong, as to seduce a great multitude of thoughtless ones to part with their money for a worthless preparation.

*Epidemics of New England and New York—American Medical Association.*—To the Medical Profession of New England and New York.—The undersigned, a Committee of the American Medical Association on the Epidemics of New England and New York, would invite the attention of the profession within the limits above named to the subject of their investigations.

It is obvious that the value of the report which will be made must depend upon the accuracy and the extent of the information which the Committee may be able to gather. And for this information we must look to observers in different portions of the field assigned to us. If the physicians in each district of this field will see that some one of their number shall report to us what may be called the general facts in regard to the prevalence of epidemics, and then if individuals will give us the results of their personal experience in practice, a fund of valuable information will be placed in our hands. The points of inquiry to which attention should be directed are so obvious that the Committee need not to particularize them. The investigation is intended to cover only the year ending December 31st, 1851.

In order that the Committee may have time to collate and digest the material which they may receive, they request that all communications be made to them previous to the first of March next.

W. HOOKER, *Norwich, Conn.*

H. D. BULKLY, *New York.*

H. G. CLARK, *Boston.*

*Medical Attendance on Clergymen.*—The following notice of a legal case, which we copy from the Christian Observer of this city, shows that although the verdict of the jury would at first seem to sustain the claim of clergymen to the gratuitous services of physicians, yet the claim rests among us on no very permanent basis, and it is probable the peculiar circumstances of the case mainly influenced the decision.

"A case of interest to clergymen and physicians, was tried before the Court of Common Pleas, at Cambridge, on Tuesday, Judge Mellen presiding. The widow of a physician sued an Episcopal clergyman, formerly settled in a town in Middlesex county, for the professional services of her husband to the amount of about \$30. For the defence, it was alleged that the physician had at various times declared that his services were gratuitous, and testimony was introduced to that effect. The books of the physician were put in, from which it was shown that charges of the visits were made; but in several cases the sum was not carried out, as was the case with other charges. The jury brought in a verdict for the defendant."

*Mortality of Boston in 1851.*—The records of the City Registrar show that during the last year the number of deaths in Boston was 3855—about 200 more than the previous year. The deaths during the last five years stand as follows:—In 1847, 3853; 1848, 3664; 1849 (the cholera year), 5079; 1850, 3667; 1851, 3855. Estimating the population of the city at 144,000, the deaths during the last year were 1 in 37, or 2.77 per cent.

*Medical Miscellany.*—The subscription in Boston and vicinity to the fund for erecting a monument to the memory of Dr. Jenner, the discoverer of vaccination, amounts to \$500.—A new dental college is proposed at Nashville, Tennessee.—The New York Dental Recorder don't think much of Dr. Allen's enamelled plates and artificial gums. It says that the remains of a set of teeth for the upper jaw, worn by the late Aaron Burr, made in France, were of precisely the same kind, and therefore there is nothing new under the sun in that line.

MARRIED,—Charles C. P. Clark, M.D., of Rutland, Vt., to Miss M. B. Hodges.—Dr. D. N. Mahon, of Carlisle, Penn., to Miss J. M. Montgomery.

DIED,—At Derby, Conn., Dr. Warren P. Beach, 32.—At Rochester, N. Y., Dr. Matthew Brown, 85.

*Deaths in Boston*—for the week ending Saturday noon, Jan. 3d, 87.—Males, 44—females, 43. Abscess, 1—accidental, 3—asthma, 1—apoplexy, 2—inflammation of bowels, 1—inflammation of brain, 1—bronchitis, 1—consumption, 14—convulsions, 5—cancer, 1—croup, 4—dysentery, 1—diarrhoea, 1—dropsy, 3—dropsy of the brain, 1—erysipelas, 1—exhaustion, 1—typhus fever, 2—typhoid fever, 5—scarlet fever, 1—homicide, 1—disease of heart, 1—hæmorrhage, 1—infantile, 11—influenza, 1—inflammation of the lungs, 11—marasmus, 1—old age, 3—puerperal, 1—smallpox, 2—disease of spine, 1—teething, 1—unknown, 2.

Under 5 years, 39—between 5 and 20 years, 4—between 20 and 40 years, 22—between 40 and 60 years, 12—over 60 years, 10. Americans, 39; foreigners and children of foreigners, 48. The above includes 7 deaths at the City Institutions.



*The Leading Languages and the number of Letters in them.*—A paragraph accompanies a report of the Boston Primary School Committee, recently published, by F. W. Sawyer, Esq., which is worth preserving. The physiologist may have occasion to turn to it hereafter, and hence no apology is due for the insertion of it, though not strictly medical.

"That adding letters to a language is not improving it, is made certain by comparing the principal languages in that respect. The great languages of the world—those that have had the greatest influence on its destinies, are the Hebrew, Latin, Greek, German, French, and English. Of those the Hebrew and Latin have only 22 letters in their alphabet; French, 23; Greek, 24; and the German and English, 26. Now mark the principal languages that have more than 26 letters in their alphabets, and see how, as they severally exceed that number, they dwindle in importance. The Spanish alphabet has 27 letters; Arabic, 28; Coptic, 32; Persian, 32; Turkish, 33; Armenian, 38; Russian, 41; Slavonic, 42; Sanscrit, 50; Japanese, 50; Cherokee, 82; Tartarian, 202. Any one of the first named languages, employing twenty-six letters and less, has given to the world greater treasures in the way of history, poetry, eloquence, science, art, and general literature, than all the last named languages, employing more than twenty-six letters, have done put together. Indeed those first named are *the* languages of the earth. Experience would seem to have tested the question and decided that less than twenty-six letters is the model alphabet; for, what Hebrew and Greek were to the ancients, and Latin was to the middle ages, French has long been in modern times; and those four languages employ the least number of letters of any of the great languages."

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*Death of Priessnitz, the Hydropathist.*—This somewhat distinguished individual has recently died at his home in Grafenberg. Neither his faith nor his works could ward off the attack of disease. A letter, published in the papers, says of him—

"For the last year Priessnitz had felt himself gradually sinking, and this winter, for the first time during a long period of practical life, he found himself obliged to limit his visits to the immediate vicinity of his residence at Grafenberg. Within a month before his demise, he showed symptoms of general dropsical complaint. He treated himself with the utmost clearness of mind, but entertained little hope of his eventual recovery. He said he should not live to see the Spring return. Up to almost the very last day of his life he continued to give his advice to those who sought him. Poor Priessnitz, his head was perfectly clear to the last, but he looked like a shadow, and without a smile any longer on his face. The day before his death, after taking the 'cure' (as the curative process is here called), he was seen sawing wood for exercise, in a warm room, and very warmly clad. Thus it is evident the extraordinary will and moral courage, upheld by faith in the hydropathic cure, which he had shown with regard to others all his life, was strong in him to the last. On the day of his death, the 25th of November, his symptoms became aggravated; he grew weaker and weaker, and about five in the afternoon, he laid himself on his bed, without any assistance, and in one minute afterwards he breathed his last. He was only 52. In early life he received serious injury in the chest, from an accident; and he used to say himself that his constitution was bad: that nothing but his own mode of life and his own 'cure' would have sustained him."

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SOME REMARKS ON THE RECENT DISCOVERY, THAT THE CHIEF  
MOTIVE POWER OF THE BLOOD IS IN THE LUNGS AND NOT IN  
THE HEART, AND ITS APPLICATION TO USEFUL PURPOSES.

BY SAMUEL A. CARTWRIGHT, M.D., OF NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE elsewhere detailed the experiments proving, by ocular demonstration, in the vivisection of alligators, made in this city, that the chief motive power of the blood is in the lungs, and not in the heart. Animation was restored by artificial respiration, after the animal experimented on had been perfectly dead to all appearances for about an hour. Organic as well as animal life had been destroyed by tying the trachea. It is a remarkable fact that tying the trachea is the only means by which that animal can be expeditiously killed. They will live for days after decapitation, or immersed in water, but speedily die when the trachea is tied. After life had been, to all appearances, completely extinguished, the heart, lungs and abdominal viscera were exposed to view by a careful dissection. The inflating process was then commenced. The blood, at length, was seen to move from the vessels of the lungs to the quiescent heart—thus proving that the primum mobile and chief motive power of the blood are in the lungs and not in the heart. Dr. Dowler, who performed the vivisection, supposed that atmospheric air imparted to the globules of the blood a self-locomotory. According, however, to the theory of Mrs. Willard, of Troy, to test which some of the experiments were made, it is the caloric evolved in the transformation of venous into arterial blood that gives the motion. Be this as it may, the important discovery, that the primum mobile of the blood and its chief motive power are in the lungs, rests not on theory, but on ocular demonstration, repeated again and again. Mr. Crawford, long ago, attempted to explain the phenomena of animal heat by supposing that the caloric, generated in the lungs by respiration, was conveyed through the arterial system in a latent state to all parts of the body, and was there given out in the form of sensible heat. The foundation of this theory was the greater capacity of arterial than venous blood, for caloric. His premises were denied by Davy and the most of his co-temporaries—but subsequent observations have proved them to be correct in the main. Mrs. Willard's theory of the motive powers of

the blood rests upon the same basis as that of Mr. Crawford's doctrine of calorification—the different capacity of arterial and venous blood for caloric. The theory itself is not the subject under consideration, but only its main proposition, that the chief motive power of the blood is in the lungs, and not in the heart. Whatever be thought of the theory itself, it has the high merit of having announced a most important truth, which is proved by ocular demonstration, and will stand as an important discovery, whether the reasoning that led to it be correct or not.

I propose to make some remarks on the application of this important American discovery to useful and practical purposes. Lord Bacon truly says: "For of all the signs of philosophies none are more certain and noble than those taken from their fruits. For fruits and the discoveries of works are as the vouchers and securities of the truth of philosophies." "As it is in religion that faith be manifested by works, philosophy should be judged by its fruits, and held as vain if it prove barren."—(*Nov. Org., Sect. iv. 73.*) The discovery that the chief motive power of the blood is in the lungs, and not in the heart as Harvey supposed, I propose to show will not prove barren, but rich in useful fruits—"the vouchers and securities for its truth." Lest, however, some errors which have crept into physiology, may prevent any portion of those physicians, who are not too old or full of prejudice to receive a new idea conflicting with their former opinions, from seeing and believing in the discovery, it may not be amiss to surround it with some of the highest authorities in medicine, each holding a light so closely to it, as to convince the sceptical that it rests on the rock of the latest revealed truths in science, and not, as they might gratuitously suppose, on idle speculations behind the times.

Among the authorities, Sir Benjamin Brodie stands foremost and closest, he having, many years ago, come very near stumbling on the discovery. He killed a cat, i. e. paralyzed the action of the heart and lungs, with the poison called *woorara*, and then by dint of artificial respiration, kept up for two hours and a half, brought the animal to life. He saw so far into the mystery of the motive power of the blood, as to ascertain that the heart's action depended upon the action of the lungs; and hence the experiment with the cat was to see whether life might not be preserved by artificial respiration until the effect of the poison on the nervous system had time to wear away. Sir Benjamin's idea was good, and true as far as it went, but it did not reach the main truth of the discovery first announced in Troy, and subsequently demonstrated in New Orleans. Although he brought the cat to life, he had no suspicion that the chief motive power of the blood was in the lungs, and that the heart performed a subordinate part in giving it momentum. His experiment, however, went far enough to prove, that Bichat and some other physiologists, in supposing that the blood continued, for a time, to circulate through the lungs by the action of the heart after respiration ceased, only becoming unaërated after the lungs ceased to act, fell into a great error, which for many years misled investigation from the true path of inquiry.

Dr. Kay, however, deserves much credit for correcting the error,



which he has done by proving, that as soon as respiration stops, the blood begins to stagnate in the pulmonary capillaries, because it ceases to be transformed from venous to arterial. In the language of the new philosophy, because its motive power is taken away by the cessation of the process of arterialization, therefore it stagnates. Dr. Kay ascertained the fact, but he could not divine the cause. His researches do not go far enough to detract from the merits of the discovery, but they furnish sufficient light to show that it rests upon scientific truth.

Baron Cuvier, the highest authority in natural philosophy, brings the light of that science in support of the new doctrine, that the chief motive power of the blood is in the respiratory organs. His great work, called "*Animal Kingdom*," revised by Latreille, article *Reptilia*, says—"The blood derives its heat and the fibre its susceptibility of nervous irritation from respiration." Not only that, but his other great work—"Leçons d'Anatomie comparée," abounds with proof of the intimate relation of muscular motion and nervous influences, with respiration as their source and spring. Speaking of animals, he says, "*Chacune de ses classes jouit de la faculté de se mouvoir précisément dans le degré qui correspond à la quantité de la respiration.*"—(*Vol. I. p. 52.*) The blood could not derive heat from respiration without deriving more or less power of motion; because caloric is not inoperative. Those who object to the truths of natural philosophy as authority in medicine, forget that the former is the root of the latter. Hence objections, drawn from medical theories, should have no weight when brought against the truths of the mother science.

Harvey discovered the course of the circulation of the blood, but he did not discover the chief power that moved it. His discovery was incomplete, as it erroneously placed it in the heart instead of the lungs. In consequence of this radical error, the science of medicine has not been as much enriched by the discovery of the circulation as was anticipated, as it only served to lead the blind into a dazzling and uncertain light—whereas the discovery that the chief motive power of the blood is located in the lungs, and not in the heart as was erroneously supposed, has opened a rich field for improvement in physiology, pathology, and in the more successful methods of treatment in disease. Before Dr. Bassi, charged, by the scientific congress lately held at Genoa, to explain the reason why silk worms fed on indigo leaves have a blue color imparted to the membranes between the parietes of the air-tubes, can give a satisfactory explanation of that phenomenon; and before Prof. Bryan, of Philadelphia, can interpret the experiments he is now making on papilios, they will have to look into the anatomy and physiology of those insects, brought into the light furnished by the discovery locating the motive power of the blood in the lungs. The dorsal vessel, called the heart, according to Cuvier, has no muscularity, although these insects have upwards of four thousand muscles. M. Lyonet counted in the caterpillar, called the *cassus lignéperda*, 4041 distinct muscles. The heart has but one artery, and that artery no branches. The muscles have no bloodvessels distributed to them, nor is there any cellular membrane between the layers of their fasciculi, being parallel and without

attachment except at their origin and insertion—resembling hairs tied at their two ends. There are no veins, but more nerves than in the human body, viz., 47 pair in the papilios. Every part of the insect is pervaded by tracheal branches penetrating to the extremities of every appendage of the body; yet in the interstices between the tracheal vessels the nutritive juices, which the experimenters found colored in those worms fed on indigo leaves, are carried by some unknown agency to all parts of the body—no doubt by the same spring or locomotive power which in man is the *primum mobile* of the blood.

But it is not so much in explaining mysteries in entomology that the discovery is valuable, but in leading the way to important improvements in therapeutics and other practical and useful sciences. Thus before roses can be planted on the pallid cheek, it is important to know in what way healthy red blood can be soonest made, warmed, depurated and kept in motion. Before the “young idea can be taught to shoot” *with vigor*, it is all-important that a current of red healthy blood be distributed to the brain—the organ of thought. The same important agent, red healthy blood, is absolutely necessary to give tone, vigor and symmetry to the body, and to prevent it from falling an untimely prey to consumption and other ills. But it is not so generally known, that red healthy blood is just as necessary for the full development and integrity of the moral faculties as the intellectual; and under this aspect, the discovery of its motive powers has strong claims to the attention of theologians. Church history bears witness, that “*the stony ground*” where the seed of christian truth takes no deep root, is the very ground trod by a people whose blood is vitiated by idleness, filth, impure air and unwholesome diet. Instance, the indolent Hindoos and other inhabitants of populous Asia, breathing the impure air of crowded hovels without sufficient food or clothing. Instance, the idle eaters of ant eggs and caterpillars, overspreading Africa, and the denizens of the cellars of London. Education, therefore, in its broadest sense, physical, moral, religious and intellectual, is essentially and indissolubly connected with red healthy blood. Hence, when Mrs. Willard indicated one of the chief ways, by which red healthy blood could be made at will, and that every child could be taught to make it for itself, she was not, as it was supposed, out of her province, as the head of a renowned institution of learning, but standing on the broad platform of her profession, and directing the building of a permanent basis for it to rest upon throughout all time. In forming that basis, she naturally looked into the science of physiology for certain materials in regard to the motive powers of the blood; and not finding them there, after going as far as Harvey went, she brought that science back to natural philosophy, the parent from which it sprung, which receiving new strength and increase therefrom, readily conducted her to the hiding place of the materials she was seeking—a golden fleece, more valuable than that of fable. If some medical men gainsayed her for overturning things on the altar of Harvey, it was because they had not reflected that the empire of science, so long encroached on by empiricism, calls for enlargement, and that America, like Rome, needs a Minerva. Surely the almshouse, the hospital and the sick room, is too

small an empire for the numerous votaries of the comprehensive science of medicine—a science, like the Crystal Palace, embracing almost everything worthy to behold in its study, but narrowed down in its practical exercise to a few common-place duties, associating it in the public mind with nothing but nauseous drugs, making it the terror of the people, and in too many instances driving them from its advantages until the fear of death is upon them. So much knowledge, with a field too small to call a tithe of it into requisition, requires the extension of the practical sphere of its operations, and that sphere will need enlargement until it embraces in its practical boundaries, not only therapeutics, hygiene, &c., but the art, long sought after by the ancients, of making the old younger, children healthy, men vigorous, and women pretty. This art has always been imperfect; its basis or starting point—a knowledge of the motive powers of the blood and the ways and means of making red healthy blood at will—having been unknown. While the erroneous hypothesis of Harvey prevailed, that the heart, whose action is not under the will, was the primum mobile and chief motive power of the circulating fluids, instead of the lungs, which are under the will, there was no known way, except through the slow and uncertain process of diet, change of climate, exercise, or a course of medicine, by which the vitiated, cold, impoverished circulating fluids could be reached, depurated, or rendered red, warm and healthy. Body, mind and morals had to suffer all the effects of deteriorated humors as a necessary evil—the direct road to purify the blood through the respiratory organs being unknown, from incorrect theories of the power that moved it and the location of that power.

The true doctrine on this subject was no sooner promulgated, than I reduced it to practice, and have made it tell well as a valuable adjuvant in the treatment of many diseases, particularly those of a chronic kind, and the cold, phlegmatic ailments so common among females in hot climates. Some complaints, especially acute inflammations, require repose of the respiratory organs, absolute rest and a spare diet; while the great mass of chronic and congestive disorders are greatly benefited by their activity. Thus in pleurisy, the curative process of nature prevents full respiration by piercing the side with pain whenever the ribs are expanded; because the motive power of the blood being in the lungs, full breathing would aggravate a complaint consisting in too much heat and momentum. On the other hand, the cold, congestive and torpid affections require increased activity of the lungs to heat, redden, and vivify the circulating fluids. Full breathing in the open air and sun light is beneficial to children of infirm constitutions, and applicable to most of the diseases and infirmities peculiar to females, greatly assisting other necessary remedies, as malaxation, friction, inunction, bathing, &c., to improve the complexion, to prevent the hair from falling out, and the teeth from decay.

There has been a fearful increase of consumption and female complaints, and a large field opened for dentists, since the old-fashioned spinning wheel, called the big wheel, has been laid aside. In ancient times the women ground at the mill—that is, turned a horizontal stone with



an upright staff for a handle, requiring them to stand up and to use both hands. Two women grinding at the mill, standing opposite to each other, was one of the best species of exercise to expand the lungs and to depurate the blood, without giving coarseness to the muscular system, and no doubt greatly contributed to the health, grace and classic beauty for which the ancient women were so renowned. The discovery of the motive power of the blood, and the location of that power, will be a good antidote against the follies of Bloomerism, enticing women to assume indiscriminately the avocations of men. Most of these avocations would make them coarse, rough and masculine in appearance, like the weather-beaten female peasantry of Europe. The discovery is valuable as a key to find those species of exercise, which do not give coarseness, deformity and masculineness to the general muscular system and its tegumentary covering, but softness, symmetry, agility and grace, united with health, as the wheel and the mill-stone formerly gave. A substitute for the last-mentioned exercises is yet a desideratum. Mrs. Willard's substitute of early rising and running backward and forward before an open window, moving the arms and expanding the chest, is a very good one, but is defective in not being associated with some visible object of utility, and consequently somewhat difficult in being generally practised to a sufficient extent. The inventor of some species of play or kind of work, requiring similar movements, would be entitled to the thanks of the community. It could be improved by being performed in the morning sunshine, as sunlight is particularly beneficial to youth in strengthening their constitutions.

It was a rule in Egypt to bestow divinity and consecration upon the inventor of any useful remedy or thing; and as instinct oftener than reason led to discoveries, the Egyptian deities were mostly in the form of reptiles and other animals of the brute creation. But if America, like Egypt, Greece and Rome, is to have mythological divinities, I am sure that none will object to their coming in the form and likeness of woman. Hence I have no apology to make to the profession, of which I am a humble member, for giving in my adhesion to an important practical truth in science, first announced by an American lady, long famous for her erudition and intelligence, and for the number of our country's fair daughters who have been refined and polished by her hands.

*New Orleans, Dec. 23d, 1851.*

#### DENTAL AMALGAMS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In your Journal of the 31st ultimo you state, page 458, in a paragraph with the above caption, that “there is an admirable paper on the character of amalgams for filling teeth, which at some periods have been exceedingly popular.” You continue—“It is clearly shown that nothing can be relied on for this purpose but gold,” and you wind up your paragraph in this *thoughtless* statement—“But quackery of every species thrives, and it would seem as though pseudo-dentists were some-

times patronized, because there is a pleasure in being cheated out of one's teeth."

I do not remember, Sir, in all my life, that I ever read an article that sent its iron into my soul as did the above unjust remarks, upon an *ex parte* statement, which you convey to your readers in the above-named paragraph. As a contributor to your periodical for several years past, you are aware that I am a dental practitioner—I would state of twenty-two years' standing, and I am the third oldest dentist in the city of New York. I studied medicine four years in the office of the distinguished surgeon, Dr. J. C. Cheesman, of this city, and graduated in 1836 from the most eminent college of which the United States could boast—the College of Physicians and Surgeons of the University of the State of New York. I have been Surgeon to a military hospital, and Assistant to the New York City Hospital. I would ask, what physicians have had such advantages as these but the favored few? And I would ask, where is there *one* dentist in the United States who has received a moiety or a tithe of such opportunities? In addition I served an articulated apprenticeship of seven years to the proudest name of English dentistry in London. I do not mention these *to puff myself*, but merely to state that I have used "dental amalgams" upwards of twenty-two years. Yet, I am no "*quack*," nor have I ever been guilty of catering to people's "pleasure" (!) in "being cheated out of their teeth." *I am no cheat*, nor am I a pseudo-dentist. I have these dental amalgams in my own teeth, in my wife's teeth, in my children's teeth, in the teeth of my friends, relatives and patients. Yet I am no "cheat," "quack," or "pseudo-dentist." I deny—emphatically deny that gold is the best material in all cases for filling and preserving the teeth. I will demonstrate, by practical illustrations, in my papers (only waiting the completion of wood-cut illustrations) on dento-neuralgic affections, prepared for your Journal—that gold, in very many cases, is the very *worst*! material for preserving the teeth.

With your permission, and which I ask in justice to myself and a very large majority of my professional brethren who use dental amalgams, I will now furnish you with the history of dental amalgams for publication. Just about the commencement of the revolution for Mexican Independence, my uncle returned to England from Mexico *via* France. He had been engaged in Mexico as superintendent of some silver mines. He found it to be a common practice amongst the workmen to put the amalgam paste into their hollow teeth, "to prevent their aching when eating." They found that it preserved the teeth also. In France he mentioned this circumstance to a dentist he employed about his mouth. The French dentist quietly took the hint, and made an immense fortune before the secret was discovered by his competitors. My father first used it in England, and he introduced it first into the United States in 1827. The New York dental profession believing "the important discovery" to be a humbug, and nothing more than the ordinary "*fusible metal*" (tin, lead and bismuth), took no particular notice of the "paste," until the Messrs. Crawcours arrived in this city. These men made a feature "*a la Barnum*" of the material, and for a time they

actually absorbed all the dental business of the city, and accumulated \$60,000 ! in twelve weeks. Our pockets were touched by these men (whatever their *character* may have been is not the point in question) *hinc illæ lachrymæ*. Some six dentists formed themselves into a *club*, then procured a friend to visit the Crawcours to have his teeth filled, for which the dentists paid. They then employed our eminent chemist, Chilton, who removed the fillings, and analyzed them, and discovered that quicksilver was a component part. They at once, *mirabile dictu*, discovered the quackery ! which they immediately published to the world. Everybody was frightened, everybody was salivated, everybody was poisoned. Yet no one ever discovered any bad effects from the amalgam used by my father and myself for ten years previous, which was supposed to be only "fusible metal." The Messrs. Crawcours fled, not for "succedaneum," but for "safety." The dental *club* now formed themselves into "The American Society of Dental Surgeons." Annual committees *were appointed to condemn* the use of dental amalgams. They annually reported them to be not only useless, but injurious to the teeth and the constitution. But as year after year rolled away, so these *committee men* one by one fell away too, recreant to their association. They had severally become converts to the simple truth. They had found that amalgams were innocent in their properties and excellent for their purposes in their proper places. As honest men, they at once repudiated ignorance and blind prejudice. Nay, more—they endeavored to reclaim, to enlighten their stultified brethren. Such were the eminent names, who were committee men, as Baller, Allen, Lovejoy, Clarke, &c. &c. Are these gentlemen liars, "cheats," "quacks," and "pseudo-dentists"? Will the Baltimore Dental Times say so? He will cry out, *tempora mutantur, et nos mutamur in illis*. I have another proof what "cheats" and "pseudo-dentists" we are, in the following case. I filled with amalgam several *molar* teeth for my sister-in-law (a resident of Detroit). Two years after, she consulted Dr. Ware, then practising dentistry in Detroit, regarding her *front* teeth. Dr. Ware stood agahst when he saw amalgam fillings in her mouth. "Who has done this"? he exclaimed; "your teeth are ruined, your constitution is destroyed, you have in your teeth a deadly poison!" When I was named as the delinquent, as you designate us, Sir, I was a "cheat" (by the by, I did not get anything for them), a "pseudo-dentist," &c. My relative thought I had grievously imposed upon her. This same Dr. Ware, a few months after, in New York, *challenges* his "*fricnd*." Dr. Parnly to a public controversy *that he will prove amalgams* to be the very *desideratum* of the dentists' wishes—the most innoxious and most excellent for filling teeth, which he had a year or two before pronounced as being a deadly poison. Dr. Ware is an educated, talented man, and sound, like Othello's friend, that "to put money in the purse" was not to be done by ignorance. He now recommends *his* amalgams as the *ne plus ultra* of materials. So much for another convert to truth.

Monsieur Mallan next arrived on these shores with his amalgam, and carried everything (for a time) before him. The association of dentists



killed him. Then came the climax of all the dental amalgam revivals, in the statement made by Dr. Parmly (who has always been opposed to these materials), that a gentleman had died in consequence of swallowing a filling in the night time, after two years' illness, which the gentleman knew all the time to be the cause of his illness, yet never had the filling or the tooth during all this time removed from his jaw. Dr. Parmly also stated that the said filling was removed by Brewster, at Paris, and the tooth refilled with gold. Letting this inconsistency pass, I at once, without knowing anything of Dr. Parmly's published case, denied its truth, and felt warranted in doing so, from long, very long experience in the use and abuse of amalgam fillings, and from the simple fact that my mother had been in the habit of taking one ounce of fluid quicksilver twice a week for several years for her asthma, which she conceived relieved her. She was never injured in any way, more than if it had been the same quantity of water. Dr. Caldwell's case also spoke against such an accident—a gentleman, he states, swallowed *eighteen ounces of tin amalgam* to destroy a tape-worm, and the mass never passed him, but remained in his bowels years, without any constitutional injury being inflicted even by its mechanical presence. I emphatically and pointedly defied Dr. Parmly to prove the truth of his statement. *He could not do so.* But it was proved by Dr. Houston, late of the Herald, that the gentleman in question died from a complication of disorders. My professional brethren, seeing that Dr. Parmly's ground was untenable, renewed their courage, which had oozed from their fingers' ends; they rallied, came to the charge with steel-pointed pens, and annoyed him in every way they could, and to this day is a desultory warfare kept up in the pages of the Dental Recorder, of this city, between Dr. Parmly and its editor on the merits of the controversy, and recriminations upon each other.

You will now, perhaps, admit that you have been too hasty in your remarks, and that you have arrived at conclusions too soon. I will add that all the anti-amalgamists (very few, to be sure) notwithstanding that they have been on the *qui vive* for fifteen years, have not yet been able to produce *one isolated authenticated case* of salivation or injury done to the *alveoli* or maxillary bones. Physicians have never implicated these fillings in their diagnostic marks of disease. *Homœopathists* have been silent on the subject. The only cases brought in proof are those teeth which should not have been filled with any material, gold or otherwise, under any circumstances. The teeth have been either dead or diseased, and should have been removed from the jaws. The anxiety, however, sometimes both of patient and dentist, leads them to hope for success in saving these teeth, and it is these cases which some dentists would seize hold of, as proofs of their own unprofessional dogmas. Where one ounce of amalgam filling was used fifteen years since, twenty pounds are used now. I refer for this fact to Messrs. Jones & White's dental depot in this city, and their branch establishments in Philadelphia and Boston.

In my chapters on dento-neuralgic affections I will prove, beyond all cavil and doubt, practically, that gold! *pure gold!* in some mouths

is injurious to the teeth, and sometimes to the health of the patient. I will practically demonstrate that *tin* foil is infinitely and immeasurably *superior* to gold for preserving a certain class of teeth, not only from pain, not only from decay, but from absolute death and absorption, the same as is found to act upon the roots of the deciduous teeth in children. I do not pretend to be a teacher—but I am well advised in making the assertion that the dental profession can yet absorb a small quantity of dento-physiological *pabulum*.

I here challenge the Baltimore Dental Times, the Baltimore College of Dentistry, all the anti-amalgamists to be found here and in Europe, to produce one single case where any kind of amalgam filling has produced a diseased alveolus, or has ever reached injuriously the maxillary bone. And I further challenge them to prove one case where amalgam has irritated a tooth, unless by mechanical pressure from close approximation and pressure on a living nerve, and in other cases where the tooth has been injured by the application of *arsenic* alone to destroy the vitality of the nerve, which has destroyed the life of the tooth.

Very respectfully, A. C. CASTLE, M.D.

New York, Jan. 2, 1852.

#### ORIGIN OF ANIMAL HEAT.

[Communicated for the Boston Medical and Surgical Journal.]

THOUGH many theories of the origin of animal heat, have been brought to the notice of medical men, still no conclusion has been reached that has in any degree satisfied the physiological scholar. By many it is attributed to the quality of the food used, and the action of oxygen on the blood through the medium of the lungs; but such declarations have little weight in satisfying the inquirer.

The powerful agent by which a uniformity of temperature is maintained in the blood of man, cannot depend on the quality of meats or drinks, but on a law as unchanging as that which regulates and maintains the movements of all the planetary worlds. In man, in health, the temperature is invariably kept at ninety-eight degrees; while in the feathered tribes, it is much higher, but still uniformly the same at all seasons and in all countries. In cold-blooded animals, the temperature corresponds to that of the elements in which they move or exist, both having the same origin. Birds of the smallest size, which sometimes fill the air with their musical notes when mercury is twenty or thirty degrees below zero, whose bodies weigh perhaps but a single ounce, and clothed only with one or two drachms of feathers, must depend on some other cause than the quality of their food to maintain an uniform temperature sufficient to sustain life. The same laws which support vital heat in one kind of animal, are in full force throughout the whole animate creation. When life ceases, decay begins; a new train of phenomena is developed from chemical action, which continue until the body is reduced to its ultimate elements. There is a tendency in caloric to diffuse itself equally in all bodies placed in the same temperature.

Electro-magnetism acts with undeviating certainty. There is surely inductive evidence that the ultimate atoms of all matter are possessed of negative and positive poles, by which means similar elements unite in specific forms, constituting bodies of more or less density, according to the form of the ultimate element. The ultimate atom of each and every element must differ much in form, if not in density, to afford such a striking difference in their specific gravity. I am ready to believe that every kind of matter, reduced to its ultimate atom, no longer to be divided, has the same specific gravity, and is capable of rising to the remotest bounds of the atmosphere; and that an elementary atom of platina, gold, lead, iron, and hydrogen and oxygen, is of the same specific gravity, their forms only affording different degrees of density in a state of combination.

Crystallization is the result of magnetic power; and the density and specific gravity of each kind of crystal differ as the forms of their ultimate atoms differ. If each atom of matter through its entire substance were in the same state of electricity, negative or positive, they would repel each other, and no compound could be formed. No other agent possesses like power, being the only one in the hand of the Almighty to move, control and regulate the motions of the whole planetary worlds. The hardest substances are liquified by this all-pervading fluid. We have good and ample evidence that much of the interior of the earth is in a state of fusion by this unchanging agent. The heat within the earth at a given distance from the surface is uniform, in all latitudes and at all seasons of the year, by this agent, controlled by the same law which moves and governs the whole universe, without alteration or amendment.

DANIEL MOWE.

*Lowell, December, 1851.*

#### DISEASES OF THE EYE.

[THE following is an explanation of the Plate which accompanies the present number of the Journal. It may be considered as a specimen of the illustrations of the new work on surgery by Dr. Piper, now in press, and alluded to in last week's Journal.]

- Fig. 1. Central cataract, from Demours.
- Fig. 2. Capsulo-lenticular cataract, from Demours.
- Fig. 3. Complete lenticular cataract, from Demours.
- Fig. 4. Capsulo-lenticular cataract in a man aged 62 years.
- Fig. 5. Capsulo-lenticular cataract in a man aged 83 years.
- Fig. 6. Black cataract (case analogous to Weller, pl. 2, fig. 2).
- Fig. 7. Hypopion (oculus purulentus).
- Fig. 8. Opacity of the crystalline lens which has spontaneously burst its adhesions and fallen nearly behind the iris, from Demours.
- Fig. 9. Capsulo-lenticular cataract in an infant.
- Fig. 10. Oval pupil caused by iritis following a blow.
- Fig. 11. Hypopion following iritis. Two little abscesses are seen formed in the thickened iris. The pupil is deformed and nearly obliterated.



Fig. 12. Puncture of the anterior chamber of the eye.

Fig. 13. Artificial pupil, from Blasius.

Figs. 14 and 15. Artificial pupils, from Demours.

REPORT OF A JOINT COMMITTEE OF THE PHILADELPHIA COUNTY  
MEDICAL SOCIETY AND THE PHILADELPHIA COLLEGE OF  
PHARMACY, RELATIVE TO PHYSICIANS' PRESCRIPTIONS.

THE joint Committees of the Philadelphia County Medical Society, and of the Philadelphia College of Pharmacy, appointed for the purpose of considering the means best adapted to prevent the occurrence of mistakes in the compounding of the prescriptions of physicians by apothecaries, beg leave to report that they have given to the subject all the attention that its importance demands, and present the following hints as the results of their joint deliberations. They have taken the liberty of adding, also, a few general hints on the relations that should exist between physicians and pharmacutists.

*A. In Respect to Physicians.*

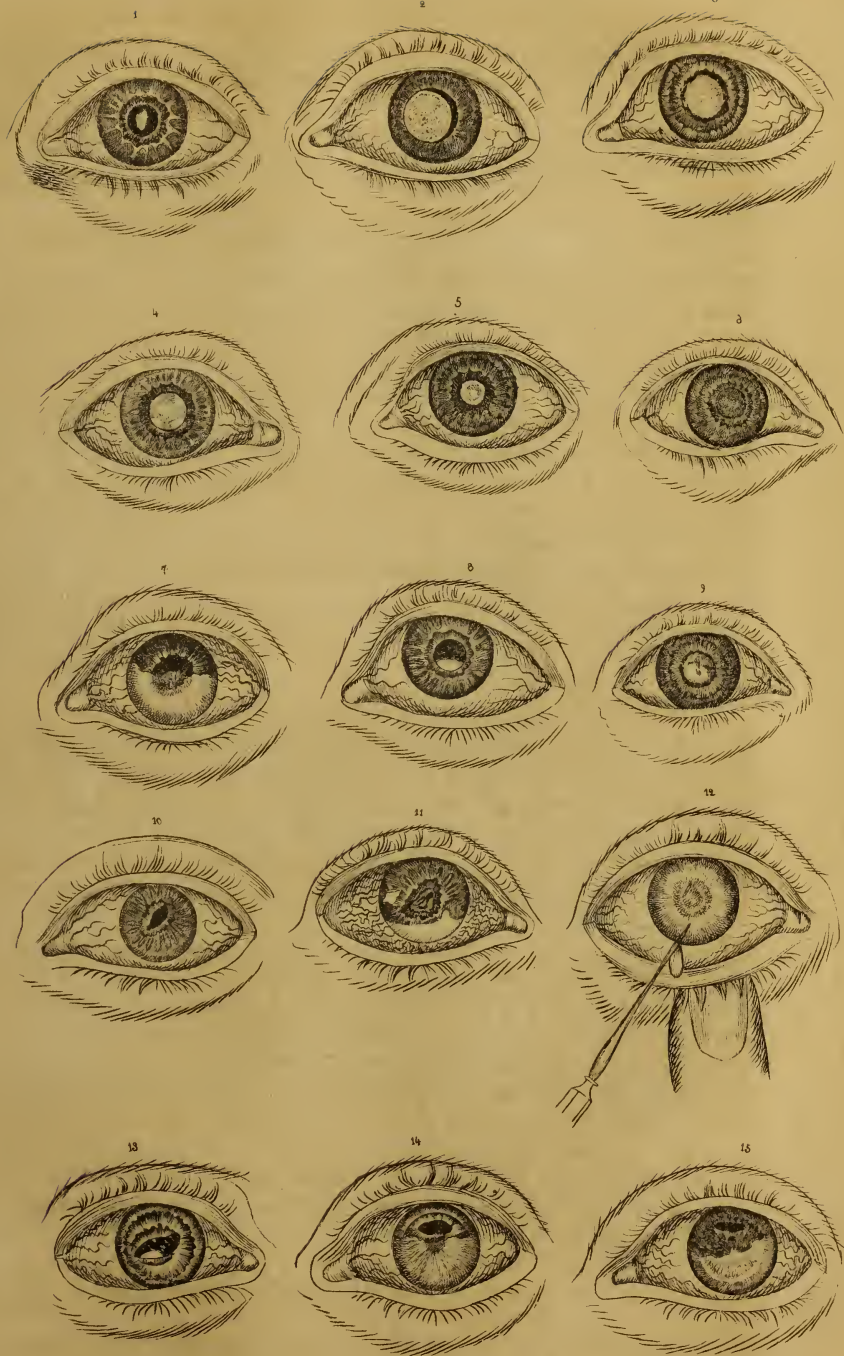
1. Physicians should write their prescriptions carefully and legibly, making use of good paper, and, whenever possible, of pen and ink. When obliged to write with a pencil, they should take the precaution to fold the prescription twice, so as to prevent its being defaced.

2. The nomenclature of the United States Pharmacopœia is becoming annually more in favor with pharmacutists; a statement attested by the fact that 1500 copies of the book of Latin Labels for shop furniture, published by the Philadelphia College of Pharmacy, have been disposed of within three years. Physicians are also becoming more alive to the merits of our national Codex, and they are respectfully urged to familiarize themselves with its nomenclature, and to adhere to it strictly in their prescriptions.

3. The numerous treatises on materia medica, pharmacy and the practice of medicine, of English origin, that are printed in this country, notwithstanding that they are generally interlarded with the formulæ of our own Pharmacopœia, tend, nevertheless, very much to confuse the physician and apothecary, in the use and exact meaning of terms in prescriptions. To obviate the difficulties thus occasioned, the physician should, when he prescribes a medicine, which is not officinal, nor in common use, state on his prescription, either in a note at the bottom, or within parenthesis, following the article, the authority or work from whence it is derived, as "*Griffith's Formulary*"—"Ellis's Formulary"—"*Braithwaite's Retrospect*," &c.

4. Physicians would lessen the risk of errors in their prescriptions, and increase the chances of their detection should they be made, by observing the following hints.

1st. Write the name of the patient at the top of the prescription, unless a good reason prevents this being done; in which case, it should be







expressed as for Mr. G—, Mrs. R—, or Mrs. S.'s child, or for Master T—, so as to convey to the apothecary some idea of the age of the patient.

2d. The date, and name of the physician or his initials, should always be appended, and, whenever practicable, the dose and mode of administering the medicine directed.

3d. When an unusually large dose of an active medicine is prescribed, as opium, morphia, elaterium, strychnia, &c., let such names be put in *italics*, and the quantity or quantities repeated in writing enclosed within a parenthesis ; thus :—*R. Morphiæ sulphatis*, grs. *vj.* (six grains). Div. in chart. *vj.*

4th. When an active substance is to be used externally, it should be so stated on the prescription ; thus, “ For external application ”—“ To be applied to the part as directed,” &c.

5th. The quantities of each article should be placed in a line with the name, and not below it, and in using the Roman numerals, the *i*'s should be dotted correctly.

6th. The occasional practice of writing the directions intended for the patient in Latin, and especially in abbreviated Latin, is uncalled for, and attended with some risk ; it is far safer to write them in English, and without abbreviations or the use of figures, unless these are well and distinctly formed.

### B. In Respect to the Apothecary.

1st. The apothecary should hesitate to dispense a prescription, the handwriting of which is so imperfect as to render the writer's meaning doubtful—especially if it involves agents of a poisonous or irritating character—unless he is able, from collateral circumstances, to satisfy himself of the intent of the prescriber. In such a case he should delay the delivery of the medicine to the patient until he can see the physician, and in doing so he should avoid committing the latter, by agreeing to send the medicine when it is ready.

2d. The apothecary is justified in the same means of delay, if he, after deliberate consideration, believes that the physician has inadvertently made a mistake in the quantity or dose of the article or articles prescribed ; always keeping in view the physician's reputation as well as his own. Every respectful application, in such cases, to a physician, should be met in good faith and with kind feeling, even though no error should prove to exist.

3d. In his demeanor and language, the apothecary should cautiously avoid compromising the physician, unless it be unavoidable, in which case honesty is the best policy, and the patient or his messenger should be told that it will be necessary to have an interview with the physician previously to compounding his prescription.

4th. The apothecary is not justifiable in making inquiries relative to the patient or his disease, or remarks relative to the character or properties of the medicines prescribed, that are uncalled for, or likely to convey a wrong impression, through an ignorant messenger, to the patient, excepting it be done in a case where he has doubts in regard to the pre-

scription, and wishes to satisfy himself, and here he should act with great discretion.

5th. When an apothecary is asked his opinion of a physician's prescription in a manner that indicates want of faith in the prescriber, he should waive the question, unless by a direct answer he should be able to restore that confidence. When asked the nature of the ingredients, he should be guided in his answer by circumstances, avoiding to give the desired information when he believes it would be contrary to the wish of the physician, or attended with injurious consequences. In other cases he should use his own judgment.

6th. Physicians being often unacquainted with practical pharmacy, pay little attention to the order in which the several articles entering into a prescription are arranged, with a view to facilitate the operations of dispensing. It hence becomes the first duty of the apothecary carefully to read the prescription and fix the proper order in his mind. He should, at the same time, acquire the habit of considering the quantities ordered in relation to the usual doses, and also the general bearing of the prescription; and a constant resort to this practice, based on due knowledge, must almost inevitably detect mistakes, if any have been made.

7th. Apothecaries should accustom their assistants to study prescriptions in this light, and to acquire such a knowledge of the doses and therapeutical uses of medicines as shall serve to guide them in avoiding errors.

8th. The apothecary, when engaged in dispensing a prescription, should, as far as possible, avoid mental pre-occupation, and give his attention fully to his task. He should acquire the habit of *always* examining the label of the bottle before using its contents, and he should satisfy himself that he has read the prescribed quantity correctly, by referring to the prescription anew before weighing out each article. It is also a useful precaution to have bottles containing mineral or vegetable poisons, distinguished by some prominent mark.

9th. As the conscientious discharge of his duty should be the aim of every apothecary, seeing that on his correct action depends, in no slight degree, the usefulness of the physician, no pains should be spared to secure the efficiency of the medicines dispensed, whether they be drugs or preparations. The latter should always be prepared of full strength, and according to the formulæ recognized by the United States Pharmacopœia, unless when otherwise specially ordered.

10th. The apothecary should always label, and number correctly, all medicine dispensed by him on the prescription of a physician; he should, also, invariably transcribe on the label, in a plain legible hand-writing, the name of the patient, the date of the prescription, the directions intended for the patient, and the name or the initials of the prescriber.

11th. The original prescription should always be retained by the apothecary, whose warrantee it is, in case of error on the part of the prescriber. When a copy is requested, if, as in many instances, no objection can be urged, it should be a *fac-simile* in language and symbols, and not a translation.

12th. In no instance is an apothecary justifiable in leaving his business

in charge of boys, or incompetent assistants—or in allowing such to compound prescriptions, excepting under his immediate and careful supervision.

13th. In justice to his sense of the proper limits of his vocation, to the medical profession, and to his customers, the apothecary should abstain from prescribing for diseases, excepting in those emergencies, which occasionally occur, demanding immediate action, or, in those everyday, unimportant cases, where to refuse council would be construed as a confession of ignorance, calculated to injure the reputation of the apothecary, and would be attended with no advantage to either physician or patient.

14th. The sale of quack or secret medicines, properly so called, constitutes a considerable item in the business of some apothecaries. Many of the people are favorably impressed towards that class of medicines, and naturally go to their apothecaries for them. It is this which has caused many apothecaries to keep certain of these nostrums, who are ready and willing to relinquish the traffic in them, but for the offence that a refusal to supply them to their customers, would create. At present all that the best disposed apothecary can be expected to do, is to refrain from the manufacture, himself, of quack and secret medicines; to abstain from recommending them, either verbally, or by exhibiting show-bills, announcing them for sale, in his shop or windows; and to discourage their use, when appealed to.

15th. Having in view the welfare of the community and the advancement of pharmaceutic science and interest, it is all-important that the offices of prescribing and compounding medicines should be kept distinct, in this city and surrounding districts. All connection with, or moneyed interest in apothecary stores, on the part of physicians, should, therefore, be discountenanced. With respect to the pecuniary understanding said to exist in some instances, between apothecaries and physicians, we hold, that no well-disposed apothecary or physician would be a party to such a contract, and consider the code of ethics of the College of Pharmacy and the constitution of the Philadelphia County Medical Society as sufficiently explicit on this subject.

16th. In reference to the patronage, on the part of physicians, of particular apothecaries, we are of the opinion, as a general rule, that graduates in pharmacy should be encouraged in preference to others of the same date of business; and whilst admitting the abstract right of the physician to send his prescription where he pleases, we think that justice should dictate the propriety of his encouraging the nearest apothecary deserving of his confidence and that of the patient.

D. FRANCIS CONDIE,	}	<i>Committee of County Medical Society.</i>
WM. MAYBURY,		
G. EMERSON,		

WM. PROCTER, JR.	}	<i>Comm. of Phila. Coll. of Pharmacy</i>
H. C. BLAIR,		
JOHN H. ECKY,		

*American Journal of Pharmacy.*



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 14, 1852.
 

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*Respiration and Circulation.*—Last week we presented an interesting correspondence respecting Mrs. Willard's theory of respiration, and this week our readers are offered some remarks on the practical application of the same, by Dr. Cartwright, of N. Orleans. These have taken their place in the Journal, in the ordinary course, without any affirmation or denial from us of the theory in question. We shall endeavor hereafter to give the results of our own conclusions, based more particularly on a duodecimo volume by Mrs. Willard, that has been on the table several weeks. It is within the compass of probability that a new discovery has been made; and it is equally possible that an exploded theory has been revived, or that old facts, marshalled in a new order, appear better than in their former loose and disjointed state.

*Deteriorated Chloroform.*—A complaint, well founded, is loudly proclaimed, that the chloroform, or rather chloric ether, now generally manufactured, is inferior in quality. In short, much of it cannot be trusted to in operations. When the ether mania first commenced, and sulphuric ether was the only article in use, the surgeon could calculate upon its activity; but after a more agreeable agent was produced, which in a measure superseded ether, the demand became so enormous, that little cheats began to be detected, and from small beginnings, great adulterations are spoken of as a matter of notoriety. From Dr. Hayes, the celebrated analytical chemist, a paper has been received that will expose the imposition, and show how the inferior kinds are produced, and why they are tolerated in the drug market. Surgeons should be particularly on their guard, for great injury may be inflicted by the inhalation of chloric ether of bad quality—while rarely, if ever, are patients unfavorably affected by it if pure, and made according to a standard process.

*Cause of Dr. J. K. Rodgers's Death.*—A pamphlet, addressed to the profession, has been written by Alex. E. Hosack, M.D., of N. York, detailing a history of the disease of which the late distinguished and lamented John Kearney Rodgers, M.D., of New York, died. If the controversy that has been commenced, would restore to life again the subject of a misunderstanding between some medical practitioners of New York, it would be worth while to continue it. Dr. Rodgers is dead, and now a grave question is agitated, of what disease did he die? Dr. Hosack, to our view, has given a plain, truthful narrative of the case, which would satisfy any reasonable man; but probably, in New York, as every where else, there are those who are never happy till they have made some body else quite miserable. One of the effectual methods of making trouble among gentlemen of professional eminence, is either directly or indirectly to accuse somebody of ignorance, or unfitness for professional responsibilities. Dr. Hosack, we think, has been disturbed very unnecessarily by this mode of attack. From all that we can gather in reading the pamphlet, there is no evidence that there is any higher attainments of science in one party than in the other; nor is it at all probable that Dr. Rodgers would have reco-

vered under the medications of those sage critics, who have it in their power to do more mischief with their reports than good with their prescriptions. Confidence in the medical profession is sufficiently shaken, to make it incumbent on all well wishers to the respectability of the craft, to uphold each other, by counsel and kind offices, instead of vilifying and underrating the qualifications of their neighbors. We care not who may dislike the freedom of these remarks, since we are conscious of being in the right, and shall avoid no opportunity of rebuking those who deviate from that high standard which contemplates the peace and prosperity of their brethren in the same responsible pursuits.

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*Corslets, Supporters and Spinal Apparatus.*—A medical gentleman of Boston has given notice that he is about declaring hostility against all kinds of contrivances for staying up weak backs, relaxed abdominal muscles, falling of the womb, &c. He is convinced that they never were worth a farthing, and to show that he is in earnest, he signifies his intention of coming out with a treatise to put the public on their guard against any of the mechanical contrivances now in common use. Public opinion has been greatly misled if all the ingenious mechanical aids that have received the commendations of surgeons, as well as sufferers, are thus worthless. If we have all been deceived, and instead of aiding and assisting nature, they have defeated her intentions, the sooner the fact is ascertained the better for all concerned—except the instrument makers.

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*Preservation of the Teeth.*—Notwithstanding the multiplication of dental operators, bad teeth are very numerous, and the refinements of civilization increases, instead of diminishing, the diseases of those organs. Books, too, abounding in directions for keeping them in a healthful condition, are quite plenty; but the more numerous truly scientific manuals are, from responsible sources, the better. John Clough, M.D., of Boston, who ranks high as a dental operator, has issued a small treatise, more especially for the use of his patients, that evinces thought, learning and sound discretion. Dr. C. possesses the happy faculty of conveying instruction in a few words. A gentleman may carry in his vest pocket Dr. Clough's treatise, and reap as much benefit from it as from some quarto volumes. The book, in our day, that has much in a little space, is the book to be read and remembered, and consequently this will be received not only as a pleasant and agreeable, but a valuable monitor. Dr. Clough gives his sanction to soaps, if we do not misapprehend him, above all other preparations for cleaning the teeth. There certainly can be no misunderstanding in regard to the following extract. "Microscopical examinations show that the teeth of nearly every person are infected with numerous animal and vegetable parasites, which cannot be destroyed or removed by the use of ordinary tooth powders and washes. These conclusions are based upon the examination of the matter deposited upon the teeth and gums of more than forty individuals, selected from all classes of society, and in every variety of bodily condition; and in nearly every case, animal and vegetable parasites were discovered in great numbers." The author shows that persons who habitually brushed their teeth with soap, morning and evening, were free from parasites, the undoubted cause of diseased conditions of the gums and denudation of the teeth. Mr. Davis has come before the public in a favorable moment with his saponaceous dentifrice, and the community will be as great gainers as the inventor.

*Radical Cure of Reducible Hernia.*—An interesting correspondence has appeared in the papers of Boston between the committee on hernia of the American Medical Association, and Dr. George Heaton, of this city, which discloses that gentleman's intention of publishing a volume. For several years past Dr. Heaton has been engaged extensively in the surgical treatment of hernia, and with a degree of success that indicates that there is some improvement at his disposal, superior to the ordinary processes. The application therefore by the committee has very properly been made to him, and we regret that his answer to the question, how a radical cure is brought about, will not be contained in their report. Dr. Heaton, on reflection, concludes to answer the respectful inquiry through a work distinctly appropriated to the subject, illustrated by a large collection of cases. When published, a more particular notice of it, and of his mode of operating, will be given.

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*Obstetric Report.*—Some extra copies of the interesting report of the Committee on Obstetrics, to the American Medical Association, in May last, have been worked off. The pamphlet is neatly printed, and is presented in a convenient form for those who may not have access to the large volume which embraces the entire transactions of that learned body for 1851.

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*Mortality for 1851.*—In Salem, Ms., the number of deaths last year was 427, including 28 in the Almshouse. Of those out of the Almshouse, 200 were males and 199 females. Eighty were under 1 year, 120 between 1 and 10, and 4 over 90. One hundred and eleven were foreigners and children of foreigners.

In Marblehead, Ms., among the deaths last year the remarkable circumstance occurred of an equality in the sexes—viz. 50 males and 50 females. Forty were under 10 years, and 30 over 70 years.

In Topsfield, Ms., the whole number of deaths was 33—21 females and 12 males. Seventeen were over 50 years of age, and 8 over 70. Only 8 were under 5, and none between 5 and 20.

The whole number of deaths in the town of Essex, Ms., last year, was 45, more than ever occurred there before since the incorporation of the town.

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*Health of the Season at the West.*—The health of the past season has been generally good in the West. Doctors' purses have been growing lean, while Hygeia, the goddess of Health, appears to have been liberally dispensing her blessings. In some portions of the West, it is true, cholera, that dread scourge of the human family, made its appearance; and in others, dysenteric affections have prevailed, and proved difficult to manage, if not taken seasonably. But fever and ague, two of the most prominent features of malarious influence, has, for some cause, been scarcely heard of the past season. The fact is, that our malarious fevers appear to be every year diminishing in the West, and others of a continued character taking their place.—*Western Med. Chirur. (Keokuk, Iowa) Journal.*

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*Kentucky State Medical Society.*—The transactions of the first annual meeting of this society have been received. It appears that a convention of the physicians of Kentucky was held at Frankfort, on the first of October; a committee was appointed to draft a constitution for a State Society,



which was reported and adopted. An election was then held for officers of the society, whereupon the convention adjourned *sine die*; and the State Medical Society commenced its first annual meeting. Dr. W. L. Sutton, of Georgetown, was chosen President, an honor of which he is abundantly worthy. Thus, we have another medical organization which promises much good to the profession, and may also be considered as resulting from the organization of the American Medical Association. The code of ethics of the American Medical Association was adopted as the code of the society.—*Western Lancet*.

*Medical Miscellany*.—A school girl at Alstead, N. H., 17 years of age, is said to weigh 450 pounds.—Messrs. Stringer & Townsend, of New York, publishers, direct the attention of the medical profession to the prospectus of Braithwaite's Retrospect. It is so very cheap that every student may have it.—Dr. H. A. Ramsay is calling upon the members of the American Medical Association touching the old quarrel with Dr. Robertson. According to the circular, the misunderstanding is not made up; it is still an open wound, to be probed as each has leisure or inclination.—Preparations are making for asking of the Legislature the grant of a sum of money for the Female Medical College of Boston.—In the case of Amherst College, it was understood that if a charter were given, which was procured by a mighty exertion, the institution should never ask or expect pecuniary assistance of the Commonwealth. A few years after, the college obtained \$25,000!—Varioloid has appeared at Westerly, R. I.—In Greenfield, Mass. in 1851, 36 persons died.—C. D. Griswold, M.D., has published, in a pamphlet, a chapter on the climate of Panama, and its effects on health.—Several publications have been proposed, which may soon be expected from the Philadelphia and New York press.—In regard to the inquiry, what is thought of the republication of Ricord, we would say that we have had no means of ascertaining the public sentiment in regard to the work.—The Washington. D. C., Report of the Board of Health has been received. Its accuracy, and suggestions in regard to measures for the preservation of the public health, are admirable.—There are 7957 physicians in Russia, having a right to practice.—Parliament has given \$650,000 to purchase a new cemetery in the neighborhood of London.—The medical profession is becoming very much reduced in Paris. There have been too many, in past times, for the success of the whole.—A new Journal is about to be issued in New York, under the auspices of the New York College of Pharmacy, to be edited by Dr. Benj. W. McCready, Prof. of Materia Medica and Pharmacy in that institution.—The number of deaths in Boston, last week, was 20 less than the weekly average for January the two previous years.

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DIED,—In Townsend, Mass., Dr. Henry A. Gerry, 32.—In Sherburne, Mass., Oliver Everett, M.D., 53.—At Newbury, Mass. Dr. Marsh J. Lyman, 85.

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*Deaths in Boston*—for the week ending Saturday noon, Jan. 10th. 49.—Males, 24—females, 25. Accidental, 1—disease of bowels, 1—inflammation of bowels, 1—disease of brain, 1—burn, 1—consumption, 4—convulsions, 3—croup, 4—dyspepsia, 1—dropsy, 1—dropsy of the brain, 3—typhus fever, 2—typhoid fever, 1—scarlet fever, 2—hooping cough, 2—disease of heart, 2—intemperance, 1—infantile, 3—inflammation of the lungs, 6—marasmus, 1—old age, 1—palsy, 1—puerperal, 1—smallpox, 1—teething, 3—unknown, 1.

Under 5 years, 26—between 5 and 20 years, 2—between 20 and 40 years, 9—between 40 and 60 years, 5—over 60 years, 7. Americans, 18; foreigners and children of foreigners, 31. The above includes 3 deaths at the City Institutions.

*Simple Method of Preserving Extracts of Vegetable Juices.*—By M. STANISLAS MARTIN.—The author had previously recommended to naturalists, who wished to preserve the juices of plants, to concentrate the watery part rapidly by mixing them with sand or powdered glass, and thus exposing a large surface to the air. This proceeding suggested another, which is more simple, more expeditious, and more portable for a traveller.

It consists in bruising the plant, expressing the juice, soaking in it fabrics of linen hemp or cotton, and then drying them by exposure to the air.

As soon as the cloth dries it is to be moistened again with the juice, and again hung up to dry, and this is repeated till the cloth becomes somewhat hard. He has found that a square metre (1 yard 3 inches) can imbibe a kilogramme (2 lbs. 8 oz. Troy) of active matter, which is more than sufficient for a chemical analysis.

Cloths, covered with vegetable extract, are generally hygrometric,—it is therefore proper to preserve them in bottles or boxes, which are air-tight.—*Bulletin de Thérapeutique*, 15th September, 1851.

*On Scutellaria Lateriflora in Tic Douloureux.*—By WILLIAM STABLER, of Alexandria, Virginia.—About 25 years ago my wife had quite a severe attack of tic douloureux on one side of her face, and as the scullcap had been a good deal spoken of as a remedy for hydrophobia, I determined to try it in this case, supposing its influence to be exerted on the nervous system. By the use of two or three pints of infusion, made with an ounce of the herb to a pint of boiling water and taken in doses of a wine-glassful three or four times a day, the disease appeared to be entirely relieved: in the course of a week or ten days, however, it returned, when the scullcap infusion was again resorted to, and continued several weeks, after which there was no return of the disease on that side. A few years after this period, my patient was attacked on the other side of her face, but the diligent use of the scutellaria, as before, soon relieved her, and she has, ever since, remained free from that painful disease.

I have advised this remedy in other cases of tic douloureux, and it has had equal success in some, while in others it has failed. I have also given it in cases of tremor, from the abuse of alcoholic drink, with happy effect, and in one case of great depression of spirits produced by dyspepsia. As to the after effect of this nervine, my observation corresponds with that of Dr. Cleaveland.—*American Journal of Pharmacy*.

*A New Method of preparing Powders for Use in Medicine.*—Wittke, of Erfurt, recommends a new and very useful form of powder. Tinctures, as is well known, generally possess the most active properties of the drugs from which they are prepared, but the amount of spirit they contain often renders their employment inadvisable. Wittke, therefore, mixes tincture of hellebore, of cinchona, &c., with an equal quantity of sugar, evaporates to dryness, and powders the residuum. In this manner, he succeeds in concentrating, in a very small bulk, the active portion of a very large quantity of the drug, and he prescribes the powder as saccharized cinchona, &c. These preparations bear some analogy to conserves, over which, however, they have a great advantage, in being free from mucilage, vegetable albumen, and other inert matters.—*Vierteljahrsschrift für die praktische Heilkunde*, 1851. Band, 3 Analekton, S. 14.

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ON OVARIAN IRRITATION.

BY FLEETWOOD CHURCHILL, M.D., T.C.D. AND E., AND M.R.I.A.

THE following description relates to an affection which, although very common, is but little noticed in books. This has probably arisen from its having been placed among the symptoms of other diseases, although it is quite distinguishable from them.

It resembles most closely the disease described by Dr. Tilt under the name of sub-acute ovaritis; but the cases I have seen have led me to differ from that very intelligent writer, and to conclude that the affection to which I refer is not inflammatory. I have, therefore, preferred the term *ovarian irritation*.

I have met with it in women of all ages between the commencement and cessation of menstruation, so that I do not think age has much influence in the production of the disease; but I am quite certain that it is most frequent in women of a delicate, nervous temperament, though by no means confined to them.

The chief characteristic symptom is an uneasiness, amounting in the greater number of cases to pain, and in some cases to very severe pain, in one or both iliac or inguinal regions, but most frequently in the left, which Prof. Simpson seems to think is owing to the propinquity of the left ovary to the rectum, and the exposure to any irritation thence arising. This pain may be a constant dull aching, or it may be acute and occurring in paroxysms; it is greatly aggravated by standing, and generally by walking: indeed, in the severer cases, I have known the patient quite unable to walk.

There is generally some complaint of fulness about the iliac region, but upon careful examination I have rarely been able to satisfy myself that this was more than a sensation; I certainly never felt anything like a distinct tumor. There is, however, always considerable tenderness, which in some cases is extreme to the slightest touch. When the irritation is great, it may be extended to the bladder, giving rise to a desire to evacuate its contents frequently, and causing great pain in doing so. Hysterical paroxysms are by no means unfrequent. In two of the most violent cases of hysteria that I have seen for some time, there was extreme tenderness of the region of the left ovary, and pressure there aggravated the hysterical paroxysm.



If we make a vaginal or rectal examination, we shall most frequently discover nothing unusual, neither heat nor tenderness nor swelling ; in a few cases, however, I have found that moving the uterus laterally caused uneasiness in the side affected. When speaking of a rectal examination in sub-acute ovaritis, Dr. Tilt remarks, that the ovaries are more or less painful on pressure, and that they are from twice to four times their original size. This I have not found in the affection now under consideration, and it constitutes one reason for my doubting that it is the same disease as that described by Dr. Tilt.

These are the principal local and direct symptoms I have observed ; they vary much in degree, and are in some cases so intense as to resemble an attack of acute ovaritis. They differ also more or less according to the circumstances in which the attack occurs ; and in order to elucidate this point, I shall briefly enumerate the circumstances.

1. In patients who suffer occasionally from amenorrhœa, it is not uncommon to find ovarian irritation at these periods, and not altogether confined to them. Whether the ovarian irritation be the cause of the suppression of the catamenia, or merely a symptom, is a question not easily decided. In many cases I think it is probably the primary affection, but in some others it appears to be the result of the amenorrhœa. The suffering is often considerable, and may be prolonged until the next catamenial evacuation : if that be full and free, the pain and tenderness generally disappear.

2. Upon the sudden suppression of menstruation, it is not unusual for the ovaries to be almost instantly affected, either by the form of disease I have described, or by an acute inflammatory attack, which is more rare.

3. In dysmenorrhœa there is more or less ovarian irritation. If we examine the patient minutely as to the seat of the pain during the period, we shall find that it is principally in the region of one or both ovaries, and often accompanied by tenderness on pressure. In the majority of these cases I am inclined to think that the ovaries are secondarily affected.

4. In menorrhagia, the ovaries may apparently preserve their integrity for a long time ; but if the attacks be frequent, I have generally found that these organs, one or both, become affected, and that the irritation frequently continues long after the discharge has ceased.

5. I have repeatedly seen this ovarian irritation accompany congestion and erosion of the cervix uteri, but it most frequently comes on after the latter disease has persisted for some time, or after it is nearly or quite cured. The ovarian irritation, however, in these cases, very soon subsides.

6. I have already mentioned its occurrence in hysteria, both when the latter is evidently dependent upon catamenial disturbance, and when the periodical discharge is quite correct.

7. In some few cases I have recognized ovarian irritation in cases where the uterine and ovarian monthly functions were apparently accurately performed, but the patients were of a highly nervous temperament, in delicate health, and without offspring.

These various classes include, I think, all or nearly all the examples

of the disease which have come under my observation. In many cases it requires care to separate the ovarian symptoms from those caused by the concurrent disease, but in other instances this distinction is quite obvious. When uncomplicated, the disorder rarely gives rise to any general or constitutional symptoms. Many of the subjects of it are delicate and weak, and of course this attack keeps them so; but ordinarily the pulse is not quickened by it, and there is neither heat of skin nor thirst. The appetite is seldom good, but it is not worse than usual, and the bowels are generally irregular. I have examined the urinary secretion, and have repeatedly found it scanty, acid, and occasionally mixed with mucus.

As to the *pathology* of this affection, there are several points of considerable interest. I think we can entertain no doubt that the ovaries, one or both, are the seat of the irritation; the peculiar and fixed locality of the pain, and its frequent connection with the ovarian function of menstruation, all confirm this view. But the next question is more difficult to decide positively, viz., is the disorder an inflammatory affection of the ovaries, either acute or sub-acute? The disease described by Dr. Tilt certainly presents characteristics of inflammation, which I have never observed in the present disorder. The absence of tumefaction generally, and of a distinct tumor always, the negative results of an examination *per vaginam* and *per rectum*, the intermitting and paroxysmal character of the attack, the absence of all the ordinary results of inflammation (as abscess, accumulation of fluid, &c.), even in the severer cases, and the success of a certain line of treatment, are all, to my mind, very strong arguments for the non-inflammatory nature of the disease. In most of these particulars, it differs from the sub-acute ovaritis of Dr. Tilt. I have certainly seen some cases in which the point seemed doubtful, and it is probable that the one form of disease may, under certain circumstances, merge in the other; but I cannot resist the conviction, that the affection I have described is essentially neuralgic, and not inflammatory.

Again, it may be asked, is this ovarian irritation the cause of the menstrual disorder, or its effect, or merely a concomitant symptom? No one acquainted with the present state of ovarian physiology could deny that the integrity of the menstrual function must be largely influenced by the condition of the ovaries. If this ovarian irritation always preceded the catamenial period, I should be inclined to attribute to it the subsequent distress; and in many cases it appeared to me that I could so trace it as the chief cause. But, in some cases, the ovarian irritation distinctly followed the menstrual disturbance, or came on towards the termination of the monthly period; and lastly, in other cases, the irritation existed with no catamenial derangement at all. Without doubting, therefore, that ovarian irritation may disturb the menstrual functions in various ways, I cannot agree with those who think that it invariably does so, nor yet with those who are inclined to attribute all menstrual disorders to deviations from the normal condition of the ovaries.

I need not occupy time by enumerating many *causes* for its production; all those which act upon either the uterus or ovary and disturb their

functions, may be considered as causes of ovarian irritation, and among these the most frequent, probably, is cold.

I believe that, in many cases, excess in sexual intercourse has given rise to it ; and I am also inclined to think, that in a few cases I have known it originate from the entire deprivation of that stimulus. For some valuable remarks upon this subject I shall refer my readers to Dr. Tilt's excellent work on Diseases of Menstruation. All that he says upon this point is, I think, equally applicable to ovaritis and ovarian irritation.

The circumstances under which the attack occurs, I mean its relation to the menstrual functions, the symptoms, and the peculiar locality of the pain, render the *diagnosis* tolerably easy in most cases. It may, certainly, be mistaken for intestinal irritation ; but, in general, there are no other symptoms than the pain to justify such an opinion. The bowels, even if irregular, are free from irritability.

It will, however, require a little more trouble to render it certain that there is not acute ovaritis, which the tenderness might lead us to suspect. But this tenderness is *generally much greater than that resulting from inflammation* ; it is a kind of nervous tenderness which shrinks from the weight of a finger as much as from severe pressure. Moreover, in acute ovaritis, the organ is always swollen and enlarged, and it can generally be felt distinctly to be so by an internal examination.

In phlegmonous inflammation of the uterine appendages, or pelvic abscess, as it has been termed, the hard and painful tumefaction is quite plain at the brim of the pelvis, and, therefore, it cannot easily be confounded with the present disorder.

I shall not enter at length into details of the *treatment* of this disease, inasmuch as I have only my own experience to which I can refer. The choice of remedies will be governed, to a certain extent, by the health, strength, and state of constitution of our patient. With strong, healthy women I have tried leeches to the ovarian region, with some benefit but not complete success, nor in all cases ; from six to twelve may be applied at once, and repeated, if necessary, after an interval. Poultices after the leeching are of use ; and, indeed, when no leeches have been applied, I have seen much comfort and relief derived from repeated poulticing. With delicate women, and they are frequently the subjects of this disease, bleeding in any form has appeared to me rather injurious than beneficial.

I have tried the repeated application of small blisters with better results than leeching. The irritation of the surface certainly relieves the pain in many cases, and, if continued, may finally cure it ; but I must confess I have seen it fail repeatedly.

Anodyne liniments and anodyne plasters occasionally seem to afford relief, but they are often of little or no use ; I tried anodyne enemata several times with partial success.

In two or three cases I used the tincture of aconite, applied liberally to the iliac region, but I confess the result disappointed the expectations I had formed.

Having failed in affording any relief in two or three obstinate cases, I



determined to try the effect of opium applied to the upper part of the vaginal surface. I accordingly ordered some balls or pessaries to be made, somewhat in the mode of Dr. Simpson's medicated pessaries, each ball to contain two grains of opium, half a drachm of white wax, and a drachm and a half of lard. The whole, when mixed together, formed a ball about the size of a large marble, and I placed it at the upper end of the vagina by means of the speculum, leaving the patient in bed for the rest of the day. The success was quite beyond my expectation; the relief was very speedy, and in most instances complete. Even when the pain did return after a few days, a second application removed it. The tenderness disappeared with the pain, and no unpleasant consequences have resulted in any instance.

I have now tried this remedy in a considerable number of cases, and with almost invariable success. I have rarely found it necessary to bleed or blister since I first adopted this plan; and I recommend it, with considerable confidence, to the profession. I may add that I have tried these pessaries in cases of dysmenorrhœa, applying one the day before the catamenia were expected, with decided benefit.

It is hardly necessary to say that, in this disease, the bowels should be regulated, and gently freed by medicine when necessary. If the appetite is bad, vegetable bitters may be given, and I have generally found it useful to combine some alkali with them.—*Dublin Quarterly Journal of Medical Science.*

#### ON THE RECIPROCAL AGENCIES OF MIND AND MATTER.

[Concluded from page 473.]

IN descanting on the general nature of insanity, I have hitherto confined myself to those forms which principally come under our notice.

“*Proxima* deinde tenent moestæ loca, qui sibi mortem  
Insontes peperere manu—lucemque perosi  
Projecere animas!”

And as this is a class of patients whose melancholy exit implants a never-dying horror of the disease, vibrating remotely on surviving relatives and friends, I cannot quit my subject without a few passing remarks on so distressing, but, alas! so common an attendant. Amongst the Greeks, but still more amongst the Romans, suicide was, under certain circumstances, not held in horror, but in high estimation, and was preferred to slavery or subjection, or the epithet of “nobile” would never have been added to the “lethum Catonis.”

In France, it is comparatively little thought of, and though the English are often stigmatized with the propensity, it is far more rife with our Gallic neighbors than with us. The instances and the promoting causes are many and various, and occasionally the deed is done without any apparent incentive. The emotions consequent on a reverse of fortune may perhaps be considered as the principal; nor, when we admit that even the groundless apprehension of it operates as a fearful cause of, and presents a not uncommon feature in the malady before us, can we wonder

at the result of the saddening reality. It springs alike from sudden impulse and from long premeditation. It occurs during delirium and mania, and follows on the depression and anxiety respecting futurity in cases of melancholia. Strange as it may seem, such persons who are goaded to madness by the delusive anticipation of pain and hell, rush into its very jaws by the perpetration of a crime which we are taught would subject them to the eternal punishment they dread! It reminds us of the desperation portrayed by Byron in a shipwreck.

“ Then rose from sea to sky the wild farewell,  
Then shriek'd the timid, and stood still the brave,  
And some leap'd overboard with furious yell,  
As eager to anticipate their grave ! ”

Some seek it simply as a termination of *ennui*, of satiety of life and of the exhaustion of all its pleasures; some from remorse and self-reproach, from chagrin and disappointment, from blasted prospects and from blighted hopes,

“ glad to be hurled  
Anywhere—anywhere out of the world,”

and owing to an impression that the act is almost *inseparable* from insanity, a verdict to that effect is mostly recorded. Could this sudden impetus have been foreseen, or this matured determination been discovered, there is no doubt that it might often have been prevented. A brisk cathartic, or a soothing anodyne, or a calm interposition of consolation or remonstrance, might have at once dispelled the visionary horror which prevailed over their clouded reason; but (as I observed in my preceding lecture) the impulse comes upon them in the stillness of night, when the victim first awakes to a magnified view of his unhappy condition, and when solitude favors the perpetration. The dread of poverty or fear of future damnation is incompatible with life, and drives them on to a madness which no influence of principle can restrain—no regard to consequences can withhold. Occasionally it has resulted from a sort of fascination. Such persons are unable to look down from an eminence or a precipice without an impulse to throw themselves from the top of it; they have been known to request that razors may be taken from their possession, so distressing was the desire to avail themselves of the opportunity or the instrument; and the Monument has now been railed in, to preclude the possibility of such an unaccountable propensity, for it can arise from no process of reasoning. It may be partly physical, affecting the circulation of the brain, which is a reasonable deduction from the accompanying vertigo; or it may arise from a peculiarly high susceptibility, with extreme weakness of the nervous system. Thus we find sudden precipitation occur in nervous fevers and in delirium tremens. Most frequently, some form of partial insanity is the principal or concurring cause.

In many instances of suicide the influence of hereditary predisposition is fully established. Dr. Gall asserted that he observed it in several successive generations, and M. Falret considers it to be more intimately dependent on hereditary predisposition than any other form of insanity, especially in cases of melancholia. The seasons are by many supposed

to operate, or at least to exercise a partial influence ; and the gloomy month of November has had this imputation cast upon it. The census, however, leans to the warmer months, and the instances are found to predominate when the thermometer ranges above 70°. A warm and moist atmosphere is found to depress the energies of the nervous system, connected possibly with the condition of electricity in the air, and depressing the spirits ; but these are very insignificant reasons for such an impulse, and we must tax those to which I have already alluded. That the deed is not by any means confined to persons of weak mind is extensively proved when we reflect on those who have committed it ; on the contrary, it may be easily traced in such cases to vascular plethora in an organ which has been overstrained in its intellectual occupation ; engaged most deeply and responsibly in political and financial measures, in the management of public business or negotiations, by which the equilibrium of the circulation has been disturbed ; inducing nervousness, headache, irritability, and other manifestations almost amounting to delirium. In cases such as this, an appropriate medical treatment, with rest both of body and mind, would most probably prevent such a contingency ; and it is the duty of relations to watch the manifestations of those changes in the feelings and disposition which may often be observable, and which generally precede the act. Common sense will point out the means to be adopted ; and the usual derivatives from the brain, such as local abstraction of blood, cooling saline purgatives, cold water, or evaporating lotions to the head, pediluvia, exercise in the open air, and in some cases (that is to say, where the brain may suffer from *want* of tone) the judicious exhibition of morphia or henbane should be resorted to, in addition to rest from those labors, or removal (where practicable) of those causes to which the phenomena may be referable or referred.

Where innate and connate idiocy has, from its hopelessness, no further demand on those who are blessed with reason than their mere commiseration, or their Samaritan care, I have nothing to offer beyond the blended breathings of my sympathy with others. In this state, the moral, the intellectual, and the reflecting manifestations are in some nearly, in others entirely, deficient ; in some, the instinctive emotions are apparently unfelt or undeveloped—they form the humiliating link of human with animal creation, evincing nothing but brutal propensities and uncontrolled desires—they are rachitic or scrofulous, epileptic or paralytic—and their melancholy state is consequent on unalterable physical disorganization. Their faces and features are as destitute of expression as though their respiratory nerves were absent or destroyed ; their mouths are gaping and perpetually drivelling, and they, to all appearance, are dead to perception, emotion, or ideas. Lord Carlisle has very recently, however, in a public meeting convened for erecting a hospital for idiots, depicted their condition in language so replete with an eloquence which my humble ability would in vain attempt, that, inasmuch as it is too appropriate to require any apology for introducing it, and too illustrative of the subject to sanction its omission, I will proceed to quote it :—



"Yet, upon reflection, few descriptions of persons can be conceived more entitled to our generous sympathy and our active assistance. Without being invested with the more solemn and picturesque drapery of tragic dignity, they are exposed, perhaps beyond all others, to the cold neglect, the coarse jibes, the brutal merriment of a callous and unfeeling world; they are the butt and scarecrow of the village green, often the drudge sent out from the domestic hearth. Take it that they meet with no ill-treatment—that no aggravation of cruelty or scorn embitters their hard lot—nay, that family decencies and family affections gather round them, guide their path and smooth their pillow: yet what a life of negatives is theirs at best! Nature spreads in vain her witchery of hues, her golden sunsets, and her starry firmaments! To their untutored ears music has no melody; to their stagnant minds literature, and science, and art, and the sacred muse, utter no varied voice! To their turgid souls devotion points no God! Too often, though dead to pleasure and to virtue, they exercise powers of mischief and annoyance, and though we must believe and hope they are without the responsibilities of crime, they yet incur all its degradation.

"The instantaneous cure, the entire change of the possessed mind, were only the work of Him whose voice the *dæmons* heard, and at once came out." "But," he continues, "there is reason to believe that much may be done—that positive advances may be made—that, by judiciously administering to the requirements both of the physical and moral organization (intimately connected and interlaced as they frequently are with each other), orderly habits, steady employment, rational tastes, kindly feelings, just sensibilities of the affections and the conscience, the sense of right and wrong, the fear and love of God, may be introduced and fostered, and developed into all their multiplied and goodly results; so that, in fact, in the best instances, the idiot may be converted into a decent and creditable member of society; in the *worst*, his existence may be surrounded with an atmosphere of comfort and of tenderness."

But enough! I hope that I have advanced sufficient to give a general outline of my views of insanity, and an abstract of the proper management of its subjects; and more than this is scarcely to be expected in the narrow limits of time assigned to a Lumbleian lecture. I have dwelt rather on those divisions of it which are more susceptible of cure, than on the lamentable conditions in which this happy termination is either far less, or hitherto altogether beyond the reach of medicine or management. Would that the third division (by which I mean dementia, fatuity and idiocy), were equally under our control! Where, however, it has supervened on that disorganization which is incompatible with reason and intellectual function, be it from age, or be it from disease, I fear that little must be expected, and that little can be done. Let us hope, however, that these cheering anticipations may ultimately be realized; that the general diffusion of sentiments so strong, clothed as they are in the drapery of so much eloquence and so much beauty, may be the means of extending the blessing of recovery to those who may at present be considered beyond its pale. Would that I had the

capability of enhancing such a blessing either in person or in purse. I can add nothing to language so powerful and so refined. I have not the matter which can contribute more to what little is already known in cases of such a character ; neither have I the talent or ability which can justify my trespassing at greater length on your time and your attention. I thank you most cordially for the patience which you have manifested in listening to what I have offered during the lectures which I have had the honor of delivering : and as this is (as I premised) my maiden appearance in the character of a lecturer, I must rely on your kindness to excuse the myriad imperfections in which I grieve to acknowledge they abound.—*London Medical Gazette.*

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#### ON THE PURIFICATION AND PROPERTIES OF CHLOROFORM.

[MENTION was made, in last week's Journal, of the existence of impure chloroform in the market, and of its bad effects. Dr. Wm. Gregory, of Edinburgh, has given the results of his experiments and observations, assisted by Mr. Alexander Kemp, and has pointed out a method of purifying it, a knowledge of which may be of use to physicians as well as dealers in the article. The specific gravity of pure chloroform he states to be 1.500 at 60°. Up to 1849, 1.480 was considered the specific gravity of the best. After alluding to the fact that chloroform is generally purified by the action of sulphuric acid, which mostly destroys the oils, a part of the sulphuric being reduced to sulphurous acid, and that to remove this a distillation with lime or carbonate of baryta is employed, he states the tests which have been used to ascertain its purity. One is, the agitation of chloroform with pure sulphuric acid, of full density, which is changed to yellow or brown if any oils remain, pure chloroform giving no color to the acid. Another test, and a delicate one, is the odor of the oils, which is detected when chloroform is evaporated on the hand or a handkerchief, the oils being left behind. He then describes the method alluded to of purifying chloroform, which he and Mr. Kemp have employed.—Ed.]

The chloroform having been tested as above, and found more or less impure, is to be agitated with sulphuric acid (half its volume will be sufficient), and *allowed to remain in contact* with the acid, of course in a clean, dry, stoppered bottle, and with *occasional agitation* till the acid no longer becomes darker in color. As long as the action is incomplete, there will be seen, after rest, at the line of contact, a darker ring. When this no longer appears, the chloroform may be drawn off, and for greater security once more acted upon by a quarter of its volume of the acid, which should now remain colorless. It is now once more to be drawn off, and in a dry, stoppered bottle mixed with a little powdered peroxide of manganese, with which it is gently agitated, and left in contact until the odor of sulphurous acid is entirely destroyed, and the chloroform has acquired a mild, agreeable fruity odor. It has then only to be poured off into a proper phial. It will now leave no disagreeable odor when evaporated on the hand. [If the commercial chloro-

form, after having been *frequently well shaken*, and *left for some time in contact* with the acid, has given to it only a moderate tinge of color, it is probable that it may be completely purified by the first process. To ascertain this, test a fresh portion in a tube with fresh acid, shaking well and allowing it to stand some time. If it do not color the acid at all, then the whole chloroform has only to be finally purified by the oxide of manganese. If the acid become colored in the test-tube, it will be as well to act on the whole chloroform a second time, with fresh acid, till it stands the test. Mr. Kemp has observed, in repeating this process for me, the very curious fact, that as soon as the action is complete, and the oily impurities are destroyed, but not sooner, the chloroform tested with the acid in a tube, exhibits a strongly convex surface downwards, where it rests on the pure acid, or, what is the same thing, the acid becomes concave at its upper surface. The small trace of impurity, not sufficient to affect the density of the chloroform, we have found to render the line of junction horizontal. It is probable that this may become a valuable test of the perfect purity of chloroform; but we shall not say more on this subject until we have thoroughly examined it.] This process requires no apparatus beyond a few stoppered bottles and a pipette, if we wish to draw off the whole chloroform without loss, although nearly the whole may be simply poured off. The use of the oxide of manganese is due to Mr. Kemp; and on the large scale the chloroform may be filtered through a cylinder full of it. In this final purification of commercial chloroform, no distillation is necessary. Indeed, no rectification is required at all, if it be well washed with water before using the acid.

[In connection with the above, we are happy to lay before our readers the following remarks, kindly forwarded to us by A. A. Hays, Esq., the well-known chemist, on the same subject, and also on chloric ether, which is much used among us.—ED.]

The chloroform sold in this country, as prepared by responsible manufacturers, is generally derived from alcohol, containing only small quantities of volatile oils. Still we do meet with samples, which give the nauseous odor derived from the chlorinated oils, occasionally, and the practitioner should be on his guard, and avoid the use of such a preparation. Clean linen imbued with pure chloroform, retains, after its evaporation, no unpleasant odor, and this is not only the most ready, but one of the most satisfactory tests of purity.

It is becoming a quite common practice, to dissolve a certain quantity of chloroform in alcohol, as a substitute for chloric ether. The mixture thus made, may contain large quantities of the volatile oils of the alcohol, and cannot be considered as identical with chloric ether. Chloric ether is an American invention, or discovery, and its use as an anæsthetic agent, sanctioned by the highest authority, is rapidly extending. Its grateful odor is agreeable to the patient, while the certainty of its action is under control in all cases. The sick-room, patient and clothing, are not left by its evaporation impregnated with fetid odors, as takes place in the use of sulphuric ether.



In stating the fact, that a solution of chloroform differs in composition and effects from chloric ether, it is proper to refer to the chemical action by which they are produced. Chloroform results from the change produced in anhydrous alcohol by chlorine. The action of the materials, whether directly or indirectly brought together, is intense. Many products, such as acetic acid, prussic acid, hydrochloric acid, chloride of nitrogen, and chlorinated oils, are formed, or set free. The impure chloroform must be subjected to subsequent purifying operations, which few manufacturers have either the patience or skill for applying. In the indirect mode, about one pound of alcohol is exposed to the destructive action of ten pounds of the best hypochlorite of lime.

In forming chloric ether, the alcohol is first purified by the addition of sufficient hypochlorite of lime, to destroy compounds of nitrogen and volatile ("foussel") oils which escape. About equal weights of diluted alcohol and hypochlorite of lime are then used, more or less water being added, to prevent too great activity of action, when heat is applied. The first portions of the product are as pure as the last, and when the operations are skilfully conducted, the chloric ether is obtained in a state free from any noxious compound.

A. A. H.

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#### AMPUTATION OF THE UTERUS, AFTER PARTIAL INVERSION.

BY USHER PARSONS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. F., at the age of 27, was confined with her first child, in 1847. A constant sanguineous discharge continued for six weeks after her delivery, when it gradually changed into a protracted leucorrhœa. Within the succeeding four years she had eight alarming attacks of hemorrhage (which seemed in most cases to result from lifting, or other violent exertions), besides frequent discharges after short intervals of suspension. A strong repugnance to an examination per vaginam existed from the time of her delivery in 1847 till March, 1851, and prevented her physicians from ascertaining the nature of her case.

She and her husband state that she never was well during these four years, was unable to do her ordinary housework, was a great sufferer from pain in the back, leucorrhœa and debility, with great nervousness. She nursed her child eight months, though against the advice of her physicians, who deemed it hazardous while there was such a constant drain from the womb. The child did well, and is still healthy. She has no reason to believe that she has been pregnant during the time. Her physicians prescribed various and powerful astringent injections and tonics, with temporary abatement of the hemorrhage. Such is the history given recently by herself and husband.

In March, 1851, her priest (a catholic) advised her calling in two or three experienced physicians to examine her case thoroughly. Accordingly Dr. Capron and myself were called to meet Dr. Le Prohon, and on examining her, discovered a pyriform tumor in the vagina, of the size

of a hen's egg, and its inner and smaller extremity was encircled and compressed closely by a ring of great firmness, which seemed to be the os uteri. The tumor bled on being thus examined, was of a firm, elastic texture, and nearly smooth surface. There was a difference of opinion as to the nature of the tumor, whether it was an inverted uterus, a polypus of unusually firm texture, or a fibrous tumor, and the known repugnance of the patient to examination deterred us from prosecuting it any further. It was, however, the opinion of each that in her perilous situation a removal of the tumor was the most promising mode of treatment that could be adopted, and was required as a dernier resort, she being greatly debilitated and wasted in flesh, pallid, oedematous in the feet and about the eyes. We left her to consult her friends, and decide whether she would submit to the operation.

In a day or two I was called upon to remove the tumor, which, with the assistance of Dr. Le Prohon, was performed in the following manner. She was placed in the position for lithotomy. A pair of small forceps, intended for removing stone from the bladder, was applied to the tumor, and by gentle and slow traction it was brought near to the vulva, and with it the ring that firmly encircled it. A loop of wire running through a double canula was passed around the neck of the tumor, close to the ring, and the ends of the wire were drawn tight and fastened at the outer end of the canula. This gave the patient more pain than was expected. Ordered an anodyne. On the following day, found the patient had suffered severe pain most of the time; gave another anodyne, with directions to repeat. Gave a cathartic of castor oil and turpentine. On the fourth day found the patient laboring under great constitutional disturbance, tenderness in the hypogastric region, quick-pulse, great restlessness, nausea and prostration. Removed the canula and wire, and separated the tumor partly with Lisfranc's hysterotome, a long probe-pointed bistoury with the blade curved laterally. The straight part was sheathed with a piece of adhesive plaster, and the edge of the curved part was inserted into the sulcus left by the wire, and with short strokes guided by the finger, the neck was partly divided, and completely so by a pair of curved probe-pointed scissors. The hemorrhage was considerable, but not alarming, and was followed for several days by a very copious discharge of bloody serum, and finally by a muco-purulent matter. On the second day, mucilaginous injections were thrown into the vagina, and evaporations with cloths dipped in spirit and water kept constantly going on over the abdomen. In a day or two the constitutional disturbance abated, and the whole system of secreting and digestive organs gradually resumed a healthy action. In six weeks she was able to resume her household duties, and since then her health has been perfectly good, and she has become quite fleshy.

The tumor was immersed in spirit, and was first examined in presence of the Providence Medical Association, some days after the operation. It was found to be the body of the uterus inverted, but otherwise in a normal state, and exhibiting a portion of the Fallopian tubes.

I saw Mrs. F. this day (Jan. 11, 1852) for the first time since early in April last, when I took leave of her soon after the operation. She is

quite fleshy, and able to take charge of her house, and enjoys better health than at any time since her marriage. She informed me that there is an entire cessation of the menses, but that she is troubled with occasional leucorrhœa. Her husband informs me qu'elle reste sensible aux voluptés conjugales. On examining the scar with the finger, I felt a soft depression in the centre of an oval-shaped ring, apparently the os uteri, but larger in circumference than ordinarily.

If called to another similar case, I should not continue the wire drawn tight around the tumor, if it created so much pain and suffering, as the danger of fatal hemorrhage (to prevent which was one reason for its application) is far less than that of fatal peritoneal inflammation, which it may cause.

*Providence, January 12, 1852.*

#### CASE OF HEPATIC DROPSY.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—I send for insertion in your Journal the following case of hepatic dropsy, originating in derangement of the liver and kidneys, and involving the heart. This case has terminated favorably under my treatment, without resorting to tapping. Yours respectfully,

J. X. CHABERT, M.D.

*No. 431 Grand st., N. York, Jan., 1852.*

The subject of this report is Mr. Gilbert Griswold, aged 53, a cabinet-maker by trade, and residing at No. 391 Broad st., Newark, N. J. He is of medium height, slight frame, light hair, complexion and eyes, of a sanguine temperament, lively, cheerful, and remarkably active when in health. His account of himself previous to consulting me on his case, is as follows:—Many years ago, in consequence of ill health arising from derangement of the liver and palpitation of the heart, he was advised to go to sea. He went into the United States Navy as a musician, and continued in the service for many years. While in the service he had frequent and severe attacks of the fevers peculiar to our southern ports, as well as those of South America and the African coast. These frequent attacks have given him that bilious habit and appearance observable in persons who have been thus exposed. For the last thirty-five years he has been troubled with palpitation of the heart, pain in the right hypochondrium, and shooting pains under the shoulder-blade, to such an extent as to be mistaken for rheumatism; a dull pain and sense of soreness in the small of the back over the kidneys, pain in the bladder, and frequently difficulty in voiding urine. His passages from the bowels were generally hard and clay colored.

About six months ago most of the above symptoms assumed a more aggravated form, particularly his difficulty in making water, which became more scanty and very high colored. His feet and ankles began to swell, and gradually the swelling extended up the legs. Whenever the fingers were pressed hard on the swollen parts, they would leave for a few moments deep indentations. The swelling gradually progress-



ed up the legs, till it invaded the abdomen, and assumed so alarming a character that he was compelled to call in medical aid. He was for a long time under the treatment of several eminent physicians of Newark, but he says without receiving any benefit whatever. At last he was told by them that he must submit to the operation of tapping, or die. He, however, peremptorily refused to submit to the operation. He then sent for me; but as I could not attend to him as I thought his case required if he remained at Newark, I directed him to come to New York. I first saw him on the 20th of last August. On examining, I found him enormously distended with water, from the toes to the chest. His abdomen was tympanitic, and the oscillating motion of the water was distinctly felt by alternately gently striking the opposite sides of the belly. The eyelids and face were greatly puffed up, as also were the hands and arms. The scrotum and penis were also greatly swelled, so much so as to render them painful. He passed very little urine, and that only drop by drop. It was high colored, and on being tested with blue litmus paper this was reddened, showing the presence of uric acid. His back, over the region of the kidneys, was very painful and tender to the touch; and in consequence of the pressure of the water against the diaphragm, it was forced up, causing a sense of suffocation, which hindered him from lying down, and he therefore slept in an easy chair.

I immediately placed him under treatment, and prescribed—*R. Ext. elaterii*, gr. ij.; *acet. potassæ*, ℥ ij.; *tinct. scillæ*, ℥ ss.; *ext. hyosciamus*, ℥ ij.; *ext. digital.*, ℥ ij.; *spts. ether nit.*, ℥ ss.; *aqua font.*, q. s. *Fiat mist.*, ℥ vj. Dose, a tablespoonful every six hours. He was placed in an easy chair, with his feet on a convenient resting place, so as to keep his legs in a horizontal position. On the second day the medicine operated freely on the bowels, and he was able to void a little more urine than usual. As a drink, I gave the infusion of the *cortex betula lenta*. For his diet, I directed crackers and tea, and small quantities of solid food. His evacuations from the bowels and bladder were greatly increased the following day. His abdomen lost the tympanitic character and was more pliable. The pain in the kidneys and bladder was sensibly diminished, and the pressure against the diaphragm and heart so much lessened as to enable him to lie down on his bed without the dread of suffocation.

The same treatment was continued, with the happiest results, till the 3d of September, when in consequence of his bowels being constipated I gave him the *R. Mistura nigra*, ℥ iv.—to be taken for a dose. *R. Bi-carb. potassæ*, ℥ ij.; *bi-carb. sodæ*, ℥ ij.; *sulph. magnes.*, ℥ ss.; *tinct. scillæ*, ℥ ss.; *tinct. gent. comp.*, ℥ ss.; *liquor potassæ*, ℥ ij.; *spts. ether nit.*, ℥ ss.; *aqua font.*, q. s. *Fiat mist.*, ℥ viij. Dose, a tablespoonful every four hours.

This treatment was continued till 11th of September, with evident benefit, the water having been so far discharged that he could now dress himself in the clothes he used to wear before he was attacked. In order now to act on his liver and prevent a re-accumulation of the water, I ordered *R. Sub. mur. hyd.*, gr. x.; *pulv. jalap.*, gr. xxv. Divide in *pulv. no. ij.* Give one night and morning, followed by *mist. nigra*, ℥ iv.

Under this treatment and a course of blue pill and vegetable tonics, he rapidly recovered, and soon every vestige of the disease disappeared. He then returned home; but by neglecting his medicine, and indulging too much in eating and drinking, he had a slight relapse; but a repetition of the treatment quickly dispersed the water, and he is now perfectly well.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 21, 1852.

*Ninth Report of Births, Marriages and Deaths, in Massachusetts.*—This report, though just published, embraces the year ending Dec. 31, 1850, and is the first, under our new law, which has embraced a single year in its datal order. It is also far more complete than any of our previous annual registry reports, only eight towns through the whole State having failed to make due returns. The Secretary of the Commonwealth, Amasa Walker, Esq., is deserving of much credit for the faithful and intelligible manner in which he has arranged the documents which make up this Registration, probably the most perfect of the kind which has appeared in this country. We learn from it that the whole number of births, in the State, during the year, was 27,664; in 1849, 25,773. Of this number, 8,197 were of foreign parentage, against 6,480 in the previous year. The births are as 1 to 36 of the population. The sex was, 14,137 males; 13,392 females; 135 unknown. 409 are stated to have been twins. The number of marriages returned was 10,345, which indicates an increase over the preceding year of 3,409, or nearly 50 per cent.; but this increase is partly attributable to the returns being more complete, though no doubt the late alteration in our marriage law has added to the number of matrimonial alliances. The deaths were 16,606; 3,817 less than in 1849, or 18.69 per cent. 334 were by smallpox, 192 of these being in Boston; 3,527 by consumption, or 21.96 per cent.; 838 by pneumonia. Diseases of the heart and of the digestive organs seem to be on the increase in the State. Old age is reported as the cause of death in 763 cases—165 individuals having died between 90 and 100 years, and 9 over 100. The per cent. which old age bears to other causes is 4.75. As the occupation is given of the individuals, over 20 years of age, who died, important information is obtainable respecting its influence on health and longevity, and the startling fact is learned that in Massachusetts the average age of farmers who died during the year was 65.13, while that of mechanics was only 46.59. The average of this and previous reports makes these two classes of ages to be 64 years and 46 years. This fact is certainly important to be known, and should urge physicians as well as others to inquire into the causes which shorten the lives of so large a proportion of the inhabitants of our State.

Massachusetts has taken the lead in the work of Registration, and we are glad that it is annually attaining anything near to a state of perfection. Other States are following. Pennsylvania has enacted a law on the subject, and Kentucky is likely to do the same. The last number of the *Western Journal of Medicine*, from Louisville, is almost entirely filled with matter relating to vital statistics, sanitary reform and registration.

*Dissertation on Homœopathy.*—After years of unobtrusive devotion to the arduous labors of his profession, Worthington Hooker, M.D., of Norwich, Conn., has broken forth like a new constellation, and one production of his pen after another has recently appeared, so that his name is now familiar to reading medical men in every part of the Union. All his writings have evinced industry and profound thought, and are characterized by the beauty and energy of their style. Charles Scribner, of New York, has just issued the latest of Dr. H.'s essays, and it is one that is calculated to wake up the sleepers, the thoughtless, and all those who repose confidence in the supreme energy of infinitesimals. The trustees of the Fiske fund, in Rhode Island, offered a premium of fifty dollars for the best dissertation on "*Homœopathy, so called—its history and refutation*," which was awarded to Dr. Hooker for the treatise now before us. There are eight chapters in the book, bearing the following titles:—I. and II., Exposition of the system of Hahnemann. III. and IV., Examination of the Doctrines. V., Practical Evidences of Homœopathy. VI. and VII., Estimate of Hahnemann. VIII., Concluding Observations. It is difficult to select an extract, to illustrate the author's mode of reasoning, or to exhibit his energy and tact in handling a system that has strangely taken such root in this country; we have therefore concluded to copy nothing from it, but to urge the profession, and especially the people, to read it, with the assurance that Dr. Hooker is a strong, bold, independent writer, who neither flatters nor frowns unjustly, but resists, bravely, the progress of every delusion with which his profession is assailed.

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*Illustrated Manual of Surgery.*—Since the short notice already given of the republication of Bernard & Huette's *Illustrated Operative Surgery*, edited and improved by Drs. Van Buren and Isaacs, of New York, further examinations have been made into the real merits of the work. Part I. is already on sale, published by Bailliere, 290 Broadway, New York. Those who have any anxiety to see what can be done by American artists and compositors in the way of making surgery clear and distinct in a drawing, are invited to examine our copy. The exhibition of the arteries, in the different regions, is masterly. Why the booksellers' counters, in Boston, are not furnished with copies, we know not. As the future parts of the work are received, we shall apprise the profession of the fact and of their merits.

When Dr. Piper's beautiful volume makes its appearance, we may well be proud of the rich contributions New York and Boston will make to our professional libraries the present year.

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*Isthmus of Panama.*—An instructive and truly entertaining duodecimo, by C. D. Griswold, M.D., of New York, a surgeon in the Pacific Railroad service, entitled "*The Isthmus of Panama, and what I saw there*," has been received and read with much pleasure. Its unpretending character, the incidents it relates, and the pleasant vein of good nature and good sense that runs through the volume, must make it acceptable everywhere. The doctor would have been taken for an experienced book manufacturer, had he not informed his readers that this is his first attempt at authorship. He might have doubled the dimensions of the publication, and still it would have been read with delight. Something more might perhaps have been introduced in regard to medical practitioners, the peculiarity of



several diseases on the track of his explorations, and the habits and idiosyncrasies of the people. Still, Dr. Griswold has our thanks for this delightful entertainment, which has created a desire for more from the same source. Dr. G. was formerly editor of the New York Medical Register.

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*Norton's Literary Almanac.*—This is a well-devised annual, of constant value to literary persons, and not to be overlooked by those aspiring to a knowledge of the great fountains of learning in the world. Had there been a sprinkling of medical biographies, medical institutions, and a few statistics, the publishers might have secured more of the patronage of a numerous profession. The catalogue of eminent men, who died in 1851, is a melancholy, yet valuable and interesting list.

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*Medical School of Iowa.*—From occasional notices of the medical department of the University at Keokuk, it appears that the school is prosperous, and sustains a reputation for thoroughness and efficiency that foreshadows a growing influence. Whatever the reputation of the medical institutions of a State may be, such will be the standing of the profession in that State. If the schools are elevated in character, a similar tone will be given to those who practise medicine around them. Dr. A. S. Hudson's introductory to a course of lectures, in the above-named school, on *Materia Medica and Therapeutics*, a well-written production, suggested the foregoing observations. Without going into a close analysis of its peculiarities, it is sufficient to say that it is a gratifying evidence of intellectual strength, in one chair, at least, of the University of Iowa.

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*Starling Medical College.*—At the annual commencement of this institution, on its third anniversary, Edward Thompson, M.D., delivered an address that has been published by the Faculty. Its title is—“*Logic, in its relations to Medicine.*” The author shows himself to be a man of cultivated powers, a close reasoner, and, therefore, a logician. He evidently loves to dwell on that topic, and is desirous that everybody else should become as skilful as himself in one of the most difficult of all intellectual operations, viz., the art of reasoning. We kept hoping, all the way through, as his address was read, that some allowance would be made for those cerebral organizations which are defective in the higher attributes—but none is made. Desirable as it may be that all physicians should be clear and cogent reasoners, some of them fall woefully behind the standard of excellence, and yet practise medicine as well, perhaps, as those who are distinguished for what the orator would have all men possess, to come up to his conception of a logical doctor. Poor Lord Bacon, that boast of latter ages, is cut off with a shilling. “Bacon's philosophy,” he says, “is sensual—it overlooks internal knowledge.” In the matter of advice to the graduates, Dr. Thompson is lucid, and certainly both impressive and appropriate. On the 10th page the very gist and best part of the address is to be found—there figure deduction, induction and the Anglo-Saxons. It is quite evident that Dr. Thompson thought so himself, for numerous words, the iron bars that hold his propositions together, are here italicised. On the whole, we have come to the conclusion that the discourse is a good thing, though the subject may have been inappropriately selected for the occasion.

*Per Centage of Mortality from Consumption.*—As mentioned on another page, the deaths from consumption in Massachusetts during the year 1850, were 3527—being 21.96 per cent. of all the specified causes. From an interesting paper, comprising a series of tables, in the last number of the New Orleans Medical and Surgical Journal, by Dr. C. S. Magoun, of Natchez, Mi., we learn that the per centage of deaths from consumption in that city during the last 11 years has been 11.323 per cent. The following remarks on this point, from Dr. M.'s paper, will be read with interest.

"It will be seen, by reference to the table, that consumption has had a prominent part in the mortality throughout the whole period. A large majority of these cases originated elsewhere. Consumptive cases from the northern and older States, have resorted here as a favorable place for health, but many of the doomed victims were in a hopelessly diseased condition before their arrival; a change of locality was not made soon enough. My principal object in making out the monthly mortality of this disease was, if possible, to ascertain if the disease was on the increase, as the fevers decline. On this point I am not yet fully satisfied. We have an abundance of proof, that this locality is favorable to the convalescence of all pulmonary diseases. For a fuller exposition of my views on this subject, see Boston Medical and Surgical Journal, vol. 39, p. 319."

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*The Boylston Medical School.*—It will be seen, by referring to our advertising sheet, that two important courses of lectures are to be delivered before this school the present winter. The increased attention which has of late been directed by the profession to medical jurisprudence renders the course on that topic peculiarly appropriate, and its value cannot be doubted when delivered by so able a lecturer. Dr. Bowditch's learning, and skill in auscultation, are also well known, and we congratulate the students of the school on the opportunity thus afforded them of obtaining instruction in this important branch.

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*Mississippi State Hospital at Natchez.*—"We are gratified to learn," says the New Orleans Medical and Surgical Journal, "that at a recent meeting of the Trustees of the Mississippi State Hospital, Dr. C. S. Magoun was elected Physician, Surgeon and Superintendent of that excellent institution, to take charge on the 1st of January, 1852. A better selection could not have been made; and we congratulate the doctor on this additional evidence of public appreciation; feeling assured, at the same time, that he will discharge his responsible duties with credit to himself and advantage to the State."

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*On Medicinal Cigars.*—A foreign Journal relates the success of Dr. Landerer in the use of cigars medicated with various substances, as a remedy in disease.

"The employment of various organic and inorganic substances of a volatilisable nature in a cigar form, has frequently been resorted to. In this way, stramonium, cicuta, Raspail's camphor, and corrosive sublimate, have been used by means of tobacco deprived of its nicotin. The great efficacy of this last substance in ulcerated syphilitic throat, in Dr. Landerer's hands,

has rendered him very desirous of extending this form of medication. He prepared cigars, therefore, by moistening tobacco freed from nicotin with tinct. of iodine, a solution of iodide of mercury in sulphuric æther, or a solution of iodide of potassium. He found these cigars of great utility in syphilitic ulceration of the throat, and in ozæna. So, too, by moistening the tobacco with an ætherial solution of hyoscyamin, he has relieved most obstinate spasmodic cough without inducing any narcotism. Among other substances tried, he found a solution of creosote in spirit of wine and æther, a very useful form in scorbutic ulceration of the gums. Cigars moistened with *tinct. moschi* relieved hysterical and spasmodic coughs; and a case of severe hysterical paroxysms, occurring in an irritable subject, was advantageously treated by the alcoholic solution of the acetate of morphia. Cigars formed of this substance are also very useful in the tooth-ache. Arsenical cigars, formed by steeping the tobacco in Fowler's solution, have also been employed, and Dr. Landerer believes that this form of medication might be extended to a great variety of substances."

*Medical Miscellany.*—A lady in Strasbourg, Germany, recently inhaled chloroform preparatory to the extraction of three teeth, which were promptly taken out; but the patient was dead.—About 2000 gallons of rum and a pipe of brandy were destroyed at Calais, Me., on the 31st of December, under the new law.—The first public commencement of the Female Med. College, in Philada., took place recently, and 8 female M.D.'s graduated.—The Jenner monument fund is increasing, though not very rapidly, in the United States. The artist, however, will ultimately secure a fair remuneration for his services.—Dr. Kane, who was on the exploring expedition, is lecturing on it at Washington.—Dr. Noah Martin, of Dover, is the democratic candidate for Governor of New Hampshire.—Smallpox is raging fearfully at Jamaica.—Two or three inhalations of chloroform are said to relieve obstinate hiccough, directly.—A disease called the *sleeping fever*, has broken out in Galicia. Something similar has existed in Boston, in some families, for many years.—It seems that Dr. Cabell the last pupil of the immortal Rush, has been unceremoniously walled out of his professorship, at Louisville. Disturbances seem at work in Kentucky as well as in other places.—The Empire Spring at Saratoga is furnishing its excellent medical water in vast quantities, and there is an increasing demand for it.—Scarlet fever is fatally prevalent in Pennsylvania.

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TO CORRESPONDENTS.—The following papers are on hand. "Tetanus," "Medico-Legal Matter," "Perforation and Ulceration of the Stomach," "Cases of Hernia," "Letter from the South, No. 1."

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MARRIED,—John Russell, M.D., of Cape Elizabeth, Me., to Miss A. D. Hanson.

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DIED,—In New York, Dr. Olcott Porter, a native of Vermont.—At Bangor, Me., Dr. George W. Hoiden, 54.

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*Deaths in Boston*—for the week ending Saturday noon, Jan. 17th, 74.—Males, 34—females, 40. Inflammation of bowels, 1—disease of brain, 2—consumption, 13—convulsions, 1—croup, 6—dysentery, 1—dropsy 2—dropsy of the brain, 3—diabetes, 1—erysipelas, 1—fever, 1—typhus fever, 1—typhoid fever, 2—scarlet fever, 2—gangrene, 1—hooping cough, 2—disease of heart, 1—infantile, 8—inflammation of the lungs, 11—congestion of lungs, 1—marasmus, 3—measles, 1—palsy 1—pleurisy, 1—puerperal, 3—smallpox, 1—suicide, 1—syphilis, 1—throat disease, 1—unknown, 1.

Under 5 years, 34—between 5 and 20 years, 12—between 20 and 40 years, 14—between 40 and 60 years, 9—over 60 years, 5. Americans, 43; foreigners and children of foreigners, 31. The above includes 11 deaths at the City Institutions.



*Bristol Medical Society, Mass.*—The Bristol District Medical Society held their 11th Quarterly Meeting at the Railroad House, in Attleborough, Wednesday, Dec. 10—the President, Dr. Gardner, in the Chair. Report of proceedings of last meeting read and approved. Communications from the Corresponding Secretary of the Mass. Medical Society, received, read, and placed on file.

Address read at 11 o'clock, by Dr. Phelps, of Attleborough. Subject, "Synopsis of 631 Cases of Midwifery," &c. &c.

*Voted*, that Dr. Randall, of Rehoboth, read the dissertation at the next meeting. Dr. Savery, substitute.

The question for discussion, proposed at the last meeting, was taken up, when it was voted to amend it so as to read as follows. "Are medical men morally accountable for their sins of *omission* as well as *commission*? In other words, are medical men any less responsible for neglecting what they ought to do, than for doing (medicinally) what they ought not to do?" After discussion, resolution unanimously adopted.

The Committee appointed to select a subject for discussion at the next meeting, reported the following: "Are typhus and typhoid fevers synonymous? and, if not, what is the difference?"

The following resolution was unanimously adopted. "*Resolved*, that this Society fully justify the action of Drs. Storer and Carpenter; also the vote of the Mass. Medical Society, in relation to the case of Dr. Ira Barrows."

*Voted*, to adjourn, to meet at the Taunton Hotel, in Taunton, on the 2d Wednesday in March next.

THADDEUS PHELPS, *Secretary*.

Attleborough, December 24, 1851.

*Transactions of the American Medical Association.*—We stop the press to announce the unpleasant intelligence that a very large and disastrous fire has occurred in this city, in which two-thirds of the edition of the fourth volume of the Transactions was consumed, with nearly all the previous volumes remaining on hand. Fortunately, the fourth volume had been distributed to nearly all the members of the Association who had paid their assessment, and copies for the others who had done so are at the store of Messrs. Blanchard and Lea, and are safe. Such members of the Association as neglected to take advantage of the highly favorable terms upon which the Transactions were offered, have now, unfortunately, lost the opportunity. The few remaining copies will be reserved a short time for members, but probably at an advanced price, and, if not shortly claimed, will be sold to other applicants.

A few copies of the Prize Essay were preserved, and will be for sale.

Messrs. T. K. & P. G. Collins have printed some extra copies of the Report on Medical Education, in order to supply such State Societies as are disposed to comply with the recommendation of the Association that the State Societies should distribute among their members that report. These will be furnished at the rate of six dollars per hundred. Applications for them, with the remittances, must be made to T. K. & P. G. Collins, Philadelphia.—*American Journal of Medical Sciences*.

The order, some time since alluded to, that surgeons in the British Army should perform the duty of branding deserters, has been abrogated.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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TRIAL FOR MURDER—PLEA OF INSANITY.

[THE following report of an interesting trial, in which the plea of insanity was successfully, and we believe justly urged, is copied from the Salem (Mass.) Observer.]

The Trial of Charles J. Furbush, of Lynn, for the murder of John J. Purdy, took place in Salem before Chief Justice Shaw and Justices Dewey and Metcalf.

After empanelling the jury, the indictment was read to them by the Clerk. It sets forth that the prisoner killed Purdy, on the 28th of June last, at Lynn, by shooting him with a pistol. Two several wounds are alleged, either of which would be mortal. Stephen H. Phillips, Esq., District Attorney, then briefly opened the case, on the part of the prosecution, stating concisely what he expected to prove against the prisoner. He alluded to the nature of the defence, insanity, and said he should be able to produce evidence of so much express malice on the part of the prisoner, against the deceased, as to completely rebut the force of any such plea.

Some twenty witnesses were then called by the prosecution, who testified to the circumstances of the homicide, substantially as follows. It seems that the prisoner and the deceased were fellow-boarders and room-mates at the house of one Edward F. Bailey, in Lynn, at the time of the murder. After dinner on Saturday, June 28th, they went up to their room, and shortly afterwards two pistol shots were heard, in quick succession, in that room, followed by a loud cry or groan. Mr. Bailey and others went immediately up and found the door fastened on the inside. They burst it open, and discovered the deceased, Purdy, just falling to the floor, in a dying condition, and the prisoner apparently so busily occupied in loading a pistol, that he took no notice of their violent entrance, not even turning his head. They took the dying man out on to the landing of the stairway, and went off for help. Furbush instantly came and shut the door. While the alarm was rapidly spreading, and a crowd collecting, two other pistol shots were heard from this chamber, also in quick succession. Persons immediately rushed into the room again, and found the prisoner on the floor, apparently, as some of the witnesses testified, dead. He soon revived, and the only wound apparent on his body was a sharp but slight cut *behind* one of his ears; which was blackened considerably with powder. A closer search re-

vealed a pistol-ball in the cavity of the ear, but no laceration of the flesh or skin could be discovered. The prisoner raved violently during that whole afternoon, and was held with difficulty by several men. \*Purdy died in a very few minutes, and a post-mortem examination showed two shot wounds, inflicted in different directions in his body, either of them being mortal.

There was some evidence that the prisoner and the deceased had had some trouble a day or two before. One witness said he heard Purdy tell Furbush that he "had better not threaten to knife anybody again, as he might not get off so easy," or something of that kind. It was also proved that Furbush had been firing pistols at a mark on the beach, that very morning.

J. W. Perry, Esq., in opening the prisoner's case, stated that they should rely upon a mental derangement, in other words insanity, as an excuse for this act of violence. He discussed the nature of the plea of insanity, and said they should prove that Furbush came of a family in which mental disease was hereditary—that he had, ever since a certain three years' absence from home, about which he was rigidly silent, and over which hung a mystery which seems incapable of solution, been a moody, misanthropic, silent man, laboring under the idea that he was a despised and neglected being, that he was hated by everybody and was a burden to himself and the community: that he had suffered from paroxysms of insane rage and excitement, which were aroused by nothing and dispelled as suddenly—and that he had attempted to take his own life, previous to this act.

Evidence was introduced to these points, detailing a great number of instances in which the prisoner has conducted himself in a strange manner, and been subject to strange paroxysms. Dr. Isaac Ray, of the Butler Insane Asylum at Providence, and Dr. Geo. Chandler, who is at the head of the State Lunatic Asylum at Worcester, having been present and heard the testimony, testified that, in their opinion, the prisoner was under mental derangement, beyond his own control, at the time of the commission of the homicide. That his paroxysms were such as indicated insanity, whatever was the exciting cause. If it could be proved that he had been using intoxicating liquor at the time of each specific paroxysm, that might account for them.

The closing arguments were made on Thursday, by W. D. Northend, Esq., for the prisoner, and by the District Attorney for the Commonwealth. Attorney General Clifford was expected, and himself expected to conduct and argue this case, but a severe and sudden illness required him to return home, even after he had come to Salem. By this means, the responsibility was suddenly and unexpectedly thrown upon Mr. Phillips. That this responsibility was well borne, and that his conduct of the cause, on the part of the prosecution, was both skilful and courteous, was the opinion of all who attended the trial.

Chief Justice Shaw committed the case to the Jury, in a charge of some two hours and over in length, in which he explained the law of insanity, as applicable to this case, laying much stress upon the opinions of the medical gentlemen.



The case was given to the jury shortly after 5, P.M., on Thursday, and at 6 they came in with a verdict of NOT GUILTY *by reason of insanity*. The Court passed an order requiring Furbush to be committed to the State Lunatic Asylum at Worcester.

### THE "MOTIVE POWER OF THE BLOOD."

[Communicated for the Boston Medical and Surgical Journal.]

IF my inability to understand clearly what Dr. Cartwright is contending for, in his late contributions to the Journal, is, in your estimation, Mr. Editor, indicative of incorrigible dulness, I beg you will consign my inquiries to oblivion. Yet I need to be informed, more definitely, what is the exact import of the claim of Mrs. Willard to the great physiological discovery (really great, if it be true), that "the chief motive power of the blood is in the lungs, and not in the heart." What is the qualification intended to be made by the term *chief*, in the phrase "chief motive power"? What does he mean by the "heart's *subordinate* part, in giving it [the blood] momentum"? What is the exact import of the phrase "motive power"? Does the "new theory" repudiate the fact that the expanded ventricle contracts on its contents, and thus impels them onward? Is this impulse correctly designated by the term "momentum"? Does the "new theory" claim that calorification produces the motion of the newly-arterialized blood, in its first movements, and that this is the efficient, prolonged force, which impels the current through its entire circuit?

It is no new theory, as all the world knows, that more agencies are concerned in the circulation of the blood, than can belong directly to the heart. That it is *subordinate* to the lungs, as the lungs are subordinate to the vitality which must preside over their own function, is conceded. The experiment on the alligator certainly proves that vitality was not extinguished, after the lapse of the hour, during which the heart's action had been suspended. The "fact" I deem *not* "remarkable," that tying the trachea is the only means by which *that* animal, and indeed, most of its class, "can be expeditiously killed." "Decapitation," the severed trachea being untied, and consequently open, would still admit, to some extent, the atmospheric air to the lungs, through which the blood might yet maintain, in a less degree, those characteristic properties which may be the connecting link between the tissues it pervades, and the *life*, the manifestations of which may be suspended, but which is not yet obliterated. What does the doctor mean by "organic and animal life being *destroyed*"? Does he mean that the alligator retained no condition or property within itself which is essential to life? And that those properties were communicated, *de novo*, by the blow-pipe? If so, the adept in chemistry need not yet despair of achieving the fabrication of *living* animals to order.

That the condition of the blood, essential to the maintenance of life and health, depends on the function of the lungs, and of course on good material for its exercise, is no *new* truth. And yet, will not every reader

necessarily infer, from Dr. Cartwright's article, that he claims all the glory of this discovery for Mrs. Willard? Even admitting the truth of her theory of "motive power," although she may be entitled to great praise for the care with which she has taught, and enforced on her pupils, the practice of sound hygienic principles; yet it is preposterous absurdity to claim for her the credit of the discovery that pure air and exercise are essential to the preservation of health of body and vigor of mind. The doctor's gallantry is so ludicrously *outré*, that I am still disposed, in spite of the formidable array of evidence to the contrary, to think the whole matter a "hoax."

Were the phenomena exhibited in the resuscitation of the alligator, different from those we should have looked for (so far as the circulation is concerned) in ordinary cases of restoration from suspension of animation by drowning? Is it a "new theory" that the motion of the blood in the venous system is independent of any *impulse* imparted by the action of the heart? The theory that "calorification" of the blood, in its transformation (rather than its "transmission") from venous to arterial, may satisfactorily explain its onward flow to the left auricle, involves questions of fact and science beyond my latitude—but surely, granting even this, it cannot any more clearly follow that the lungs are exclusively the seat of the "motive power," than would follow from many of the theories which have been laboriously hammered and tinkered, to *fit* the circulation, ever since the immortal Harvey's discovery. Malformations and lesions of the heart furnish many phenomena, which, I apprehend, will prove, at least, suggestive of important objections to the "new theory."

Scepticism and credulity are each to be deprecated in medicine, though, unfortunately, they have both characterized the profession in all ages. That Mrs. Willard should have believed herself a great discoverer, is no matter of surprise. And should it prove a *great* mistake, it will not disprove her claim to the character of a *talented* (I don't forget that I am perpetrating an *Americanism*), scientific and philanthropic woman. But that *Dr. Cartwright* should so hastily and loosely endorse her theory—so prematurely and clamorously *bruit* her deification before her gaping countrymen—is passing strange! That the great globe itself might be made a *pillion* for the elephant's back, does not exceed, perhaps, the gullibility of credulity—but the doctor should have assured himself, before mounting, of a solid platform for the elephant's pedal extremities.

J. L. CHANDLER, M.D.

St. Albans, Vt., Jan. 17th, 1852.

#### MEDICO-LEGAL MATTERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In thanking you for the "Journal" of the 17th ult., I beg to say that circumstances beyond my control have prevented my acknowledgment before this time. When I confess that I was not previously aware of the existence of that admirable periodical, you will no doubt

set me down among the lowest grade of the uninitiated. Your book does not require my humble voice to swell its fame, but I must be permitted to express the delight and satisfaction that I experienced in its perusal. I was at first somewhat puzzled with the article entitled "Monthly Law Magazine." I knew that "The Lancet" indulges occasionally in a harmless joke; and when I read the sentence which announces that "law and lawyers" are a necessary sort of "physic in all civilized nations," I certainly concluded that you were either quizzing us, or were about to administer a little of the actual cautery to our end of the college. I found, however, that you wrote in all sincerity, that your remarks were directed exclusively to the members of your own profession, to whom you really prescribe an occasional dose of legal reading (which you set forth as being "elevated," "charming" and "agreeable") to operate as a kind of "solamen mali," an amusement, "to exercise the intellect during those few leisure moments which may be detached from the pressing and necessary cares of their daily calling." My dear Sir, this is an age of novelties and wonders—but believe me, that the world has yet to be astounded at the discovery of any subject, or the suggestion of any science, so unmixedly dull, as that the mental drudgery attendant on its study may find relief or relaxation in the perusal of a law-book. Blackstone is said to have been the first lawyer who wrote like a gentleman, and while I cheerfully admit that in this respect as well as in legal acumen he has been rivalled (I had almost said excelled) by your Kents, and Storys, and Greenleaves—truth obliges me to declare that, dismissing all idea of the "agreeable" or the "charming," the humbler excellencies perspicuity, conciseness, and even correctness of language, are not among the peculiarities of modern law-books or modern legislation. As regards the latter, it might be unsafe to say much on that subject, just now, while the "accumulated wisdom" of Massachusetts is in session, seeing that there is such a crime as breach of privilege; but I may refer to the legislation of 1851 in general, and to the 233d chapter in particular, as affording evidence of the correctness of my position. That act, the creation of men elected by the people, and in many of whom the fullest confidence was and is most justly reposed, gives one to understand what the feelings of Kind David must have been, when, in the bitterness of his soul, he said or sang, "Had it been mine enemy who did me this wrong"—"but mine own familiar friend whom I trusted."

But enough of this. I am forgetting that I address an M.D., and shall merely say, in reference to the "aforesaid" 233d chapter, that although it has been read (as I am informed) fifteen times over by every lawyer in Massachusetts, every one of whom is well aware that "other" fifteen readings will still leave his mind in utter chaos as to the real object of many of its 120 sections and its vast schedule, still I find that the recently-published statistics of death by suicide, since this act became law, do not exhibit any considerable increase in the number of lawyers who have died by their own hand. From this fact I think it may be inferred that molusks, or other invertebrate animals, are by no means more tenacious of life than are the lawyers of this ancient Commonwealth.



But to my subject. A legal friend of mine has occasionally ventured into medical reading, as a relaxation from the severer studies of his profession. He is an acute observer of men and things, and is possessed of some copious and interesting notes relating to several cases of leprosy, or perhaps Greek elephantiasis, which are now to be found in the settlement of Tracadys, in the Province of New Brunswick. I am satisfied that these notes would be very interesting to your readers, and he believes that their publication might attract the attention of the American medical public, and perhaps tend to the better understanding of the disease, which is now deemed hopeless and incurable. I therefore propose sending them to you for publication in the Journal.

January, 1852.

I am, Sir, yours respectfully,

OMEGA.

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### ULCERATION AND PERFORATION OF THE STOMACH

[Communicated for the Boston Medical and Surgical Journal.]

Miss D. W., of Braintree, was a healthy and particularly strong girl at the age of 14 years, when, on the occasion of a hog being killed at her father's house, she undertook to hold up one end of a stick upon which half the hog was suspended. While doing this, she experienced a sensation "as though her stomach-bone was broken, and something gave way," as she described it. She did not suffer much inconvenience, however, until two days afterwards, when, after walking five miles and getting her feet wet, she was attacked with chills, and severe pain in the region of the stomach. From that time her health and strength decayed to such an extent that she was unable to do much work, and suffered much pain, for six years. During the seventh year her health improved, and for a year, or perhaps eighteen months, she was able to do a considerable amount of work. At the expiration of that time her pain and a long train of other symptoms returned with greater severity than before. Now and then she would improve for a few months, but the relapses into suffering were frequent. In April, 1849, sixteen years after the affair of the pig, I was called to her. She had been under the treatment of some eight different physicians at various times. I found her thin, weak, suffering paroxysms of severe pain in the abdomen, at irregular intervals and of irregular duration, averaging, perhaps, once in three days, and continuing from twelve to twenty-four hours. The pulse about 120; tongue coated; breath offensive; appetite for food very small; bowels extremely costive, so that dejections occurred only at periods of eight or nine days, and there would often be discharges of considerable quantities of mucus when the constipation had been overcome by powerful cathartics. During the paroxysms of pain she had a sensation of beating in the region of the umbilicus. Moderate pressure upon a spot an inch to the left of the umbilicus brought to the fingers a strong pulsation, which was synchronous with that of the artery at the wrist. This pulsation I could always feel, whenever I examined, as long as she lived, although she did not perceive it herself except when in pain. In addition to this, there was complaint of a bear-

ing-down sensation in the abdomen, "as though something hung down from here"—she would say, putting her hand on the region of the stomach; and she stooped in walking across the room, and frequently held her hand tightly upon the upper part of the abdomen, saying that she believed she "should fall in pieces." There was also occasional nausea.

Being unable to form a satisfactory diagnosis, supposing that there existed some important organic lesion, but having no definite idea what it might be, I directed my attention to the mitigation of some of her obvious troubles. I soon found that the inhalation of ether, practised with the utmost caution, would relieve the paroxysms of pain, and her delight at this was worth witnessing; the use of laxatives, injections, cracked wheat, &c., overcame the constipation in some measure; carbonate of iron and quinine improved her strength, so that at the end of six months she was much better than for several years before. She had a year and a half of tolerable comfort. She did considerable work about the house, and had the paroxysms of pain unfrequently, and only after some error in diet. The medicine which seemed to produce more direct benefit than any other, and which was given at a period some nine months, I think, after I began to attend her, was acetate of lead, administered in very small doses and continued for two or three weeks. The pulse had varied from 105 to 120 until this time, when it came down to 90, and remained during nearly a year from 90 to 100. On Thursday, April 24th, 1851, I was called to her, and found her with the same symptoms which she had frequently exhibited, viz., pain, nausea and weakness. I found that she had neglected the use of injections, &c., and that the constipation had returned. The inhalation of a few drops of ether overcame the violence of the pain, and I left pills of aloes and myrrh, and ordered repeated injections. I saw her again on the 26th, in the afternoon, and found her more ill. Only one slight dejection had resulted from the pills, and nausea and occasional vomiting, with pain, had kept her sleepless during the previous night. Not liking to give her an emetic, I gave fluid extract of valerian and sup. carbonate of soda; but the taste of the valerian excited vomiting, and she rejected perhaps a pint and a half of dark-colored fluid mixed with mucus. This seemed to relieve her. She became cheerful and talkative, and I left her with the promise of calling on the next morning, and expected to find her comfortable. At about 8, the next morning, a messenger came in haste, saying that she was very sick. She had passed a comfortable night, and seemed convalescent at 7 in the morning. At about that time, however, while reaching her hands forward to pull towards her a comforter upon her bed, which was not arranged as she wished, she had a sensation of "something giving way and falling down," and of excruciating pain. I found her looking badly, pulse very quick, small and weak, thirst great, with much anxiety of mind. The abdomen hard. Opium and powerful stimulants produced but little effect, and she died at 9 in the morning.

An autopsy was made, seventeen hours after death, in the presence of Drs. Fildes, father and son, of Weymouth; Dr. Bugbee, of Quincy, and Dr. Holmes, of Braintree. The cavity of the abdomen contained

perhaps a quart of fluid, a part of which was pus. Upon the anterior part of the stomach was an opening as large as a dime, with only the slightest remnant of a thin membrane which had covered it. The walls of this ulcer were of the thickness of two thirds of an inch, and its breadth perhaps two inches. A patch of highly-inflamed mucous membrane, of the size of a quarter of a dollar, bordered upon this thickened portion. The peritoneum was considerably injected. The bladder was contracted to the capacity of not more than a gill. There had been occasional complaints of difficulty in passing the urine, and of the quantity of it being too small, but not such as to lead me to think this to constitute an important feature in the case.

I suppose that the effort of lifting the hog ruptured one of the coats of the stomach, and that the attempts of nature to heal the part have kept up an inflammation ever since, about eighteen years. All the symptoms, excepting the pulsation, are satisfactorily accounted for, and as there was no abnormal condition of the heart or arteries apparent in a very hasty examination of them, this must pass for an increased action of the abdominal aorta.

C. S. MANN.

*Stoughton, Mass., January, 1852.*

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#### TETANUS.

[Communicated for the Boston Medical and Surgical Journal.]

ALL writers upon this disease have agreed in fixing its locality on the borders of the sea. Yet there would seem to be certain portions of land near the sea which have ever been noted more than others for its occurrence. Of those portions, this part of the State of New York has long had fame abroad for the prevalence in it of this disease. No part of the eastern extremity of this island would seem to be free from it, yet it would appear to prevail more extensively in those places in the immediate vicinity of the sea, and the bays leading to it. As to its immediate exciting cause, much theory has been offered; and perhaps by still searching we may some day arrive at a more definite conclusion as to its cause and treatment. The disease almost invariably supervenes on wounds healed, or nearly so, and in a majority of cases in those which occur in the spring months of the year, when we have a moist and cool atmosphere. Exhalations from decayed vegetable and animal matter, which has become exposed by drains from marshes and ponds, are constantly going on. Also at the same season of the year, there are frequent and sudden changes in the land and sea breezes. May not this combination of different atmospheres produce an electrical state, which may be the exciting cause of this disease? At a different season of the year, we have influenza prevailing, caused very perceptibly by similar changes of atmosphere, and much oftener here than in other parts of the country. May not both diseases have laws peculiar to themselves, yet be similar in their exciting cause? It would appear that this disease, like many others, does not prevail every year, but rather at certain periods, when there will be reports of several cases in a va-



riety of localities ; very much as we find remittent fever at one period, and at another dysentery or diarrhœa. May not an electrical state of the atmosphere have much to do with many diseases, respecting which we are now in the dark ? Nervous diseases certainly are more prevalent in these parts than formerly. The writer is inclined to believe there is not any one exciting cause, from which tetanus might supervene, but a combination of them, or a certain electrical state of the atmosphere, occurring for the most part in the spring of the year, when the air is cool and moist. The writer has seen several cases in this county, where there had been wounds of the extremities, in which a constant fear of tetanus was uppermost in the patient's mind, accompanied with fever, and a restless and nervous state of the body, which might lead the attendant in this region to suspect something more than that the disease was about to transfer its locality from a wound in the finger to one of the muscles of the arm, or a gland in the axilla, and there cause suppuration of the part. We have been led to think that if there had existed in these cases that state of the atmosphere of which we have spoken, tetanus would have supervened. Traumatic tetanus would seem to prevail more frequently than idiopathic, although there are occasional cases of this form.

The writer has seen cases of tetanus ensuing on the ulceration of the umbilical cord of children, the spasms affecting the muscles of the back. Mothers are often anxious about the state of the cord, and call the attention of the physician to see that it is doing well, in fear that this disease may supervene.

There is a redeeming feature about the disease in this region, whatever be the cause of it, viz., that it is less prevalent than formerly ; so much so, that its terrors are fading away in the minds of the people to a great degree.

If the cause of this disease has been concealed, certainly the cure has received but little light, although theories on the local and constitutional treatment have been numerous, each having its day. Perhaps the difference of constitution of the inhabitants of one locality from another, has been a reason why a course of treatment has succeeded in one place and not in another. We all know that exhausting remedies may be carried to a greater extent in one case than another, and that an oft-repeated remedy will finally destroy the strong man ; or, in other words, may not our remedies in many cases have been too exhausting to the vital principle ? It would seem that the more potent remedies are connected with heat and cold, and that all others act as assistants to carry forward the disease. The hot and cold baths have had their advocates, and would seem to have been successful in some cases ; but in a majority they have been too exhausting to the vital principle, or the spasms soon returned. Now, to an inquiring mind, might there not be suggested the idea that the patient could be put in some other fluid or medium where he might be warm enough to keep off spasms, and not too much exhausted ? A course of treatment like the following has been quite successful in this county. Great care has been taken to keep the patient constantly, not in the hot bath, but in an atmosphere of 76° or more,

sweating, with the assistance of pulv. ipecac. et opii; alteratives for one or two movements of the bowels daily; stimulating applications to the wound or sore, such as oil turpentine, or volatile liniment, or whatever will produce suppuration the most speedily. Blisters are seldom used, as they are thought to do more injury than benefit. The people have a fancy for using, as a local remedy to wounds when first occurring, an alkaline lotion, and when symptoms of tetanus show themselves, making an application to the wound of onions steeped in vinegar.

In the spring of 1842, the writer witnessed the progress of a case of tetanus in New York Hospital, treated successfully by Dr. Watson. Opium, assafoetida and aloes were used as a suppository once in four hours. A history of the case was published shortly after, in the medical papers of the day.

DELTA.

*Suffolk County, N. Y., Jan. 1852.*

#### ACCIDENTAL GASTROTOMY.—OPIATES IN TRAUMATIC INJURIES.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. V., a large muscular woman, of about 40, at near the conclusion of the seventh month of pregnancy, was standing upon a platform, in the act of shaking a rug, when the plank on which she stood slipped from under her, and she was let down upon a picket of a fence on which the platform rested. The picket penetrated the integuments and muscles of the abdomen just below the umbilicus, lacerating these tissues, including the peritoneum, from the point of entrance, in a transverse direction, on each side, to near the crest of the ileum, making a wound, I should think, of near twenty inches in length. The upper lid of the wound, being convex below, was folded up over the epigastric region. The contraction of the muscles below, added to this circumstance, gave width to the wound, of some six or eight inches, which afforded a very accessible view of the abdominal viscera, the most prominent of which was the distended *gravid uterus*, containing a *fœtus* near maturity, of extraordinary size, visibly *struggling with great violence* from the contusion, which must have been somewhat severe, and was at the central and most prominent part of the uterus. This circumstance, added to the extent of the wound, presented a most formidable and extraordinary spectacle.

In a few minutes from the time of the event, the patient was narcotized by chloroform to insensibility. The wound was carefully adjusted, and secured by sutures and adhesive straps. Before the specific influence of the chloroform had passed off, a large dose of morphine was given, and repeated sufficiently often to prevent pain or clear consciousness, till time had elapsed for the adhesive or suppurative process to become sufficiently established, to secure the patient against inflammation or suffering, when the soporific influence was permitted partially to subside, but continued to a less extent. On the fourth or fifth day, the wound was found apparently firmly united by the first intention, through its whole length. There had been no indications of suffering, since the

first impression of the narcotism ; general nervous or vascular excitement scarcely perceptible ; no hemorrhage of importance from the wound, at the time of its occurrence ; no artificial depletion, save a saline cathartic, or other sedatives than morphine.

About the sixth day, when the period for anxiety seemed to have passed by, and I was contemplating, with a good deal of satisfaction, the happy issue of the case, contrary to special directions (to *gratify a good appetite*) the patient took a pretty full meal of indigestible food, which occasioned considerable gastric and constitutional disturbance. The wound immediately assumed a less healthy appearance, became of a dark venous complexion, and the medium by which its middle portion was united, to the extent of one third of its length, was broken up. Some sloughing of its edges followed, which were afterwards restored by granulation ; an event that, it would seem, might help to correct the erroneous, but popular impression, that the *alimentary canal* alone suffers from such violations, and perhaps may profitably enforce upon the minds of many of the profession, the fact that a *strict and judicious regimen* is not less important in surgery than in medicine. But for this provoking indiscretion, the constitution would scarcely have recognized this extensive injury.

In about two months from the time of the accident, and at the *full period of gestation*, Mrs. V. was delivered, by a natural, quick and easy labor, of a healthy child, weighing about ten pounds, evidently none the worse, in any respect, for the misfortune of its mother, or its own violent and untimely disturbance.

The particulars of this case, that have to me given it interest and importance, are, in the first place, so general a union, by the first intention, of so extensive a *lacerated* wound. Second, the almost entire absence of constitutional disturbance, from a wound of such tissue and magnitude, in a plethoric habit, and in a condition ordinarily so *irritably* disposed. In the third place, it was expected that a lesion of this character and magnitude would have been productive of constitutional disturbance, incompatible with the continuance of gestation, and miscarriage would have been the result ; an event that would probably have been fatal to the child, and increased materially the perils of the condition of the mother. But both were made to sleep through their perils, till all tendency to irritation was passed, and gestation went on to maturity, without a threatening indication.

I am aware there is but little certainty in attempting to estimate the extent of the recuperative powers of the system, or predicting the issue of any organic lesion, when left to the unaided efforts of the restorative powers. In calculating the amount of benefit derived from artificial interference, in any given case, the occasional occurrence of spontaneous recoveries, from the most severe organic injuries, forces upon us the inference that the most favorable results are often to be ascribed more to the salutary efforts of the constitution, than to our best-directed exertions. But these are exceptions to a general rule. The sum total of our experience would leave no reasonable expectation of so favorable a result, as in the present case, from the unaided efforts of the consti-



tution, or even from the most efficient antiphlogistic remedies; and I have been induced to notice the present case, from the fact, that it is one, of many, in which I have had occasion to make trial of the strong and uninterrupted soporific influence of opiates, in protecting the system from inflammation and other consequences of traumatic injuries. From an early period narcotics have been resorted to as a means of making severe organic lesions more tolerable, to a very limited and inefficient extent, but without a full consciousness of their aid to the conservative power, or the extent to which they might safely and advantageously be carried; and in various combinations, opiates have more recently become the remedy of our great reliance in some of the most intractable and dangerous forms of inflammation, particularly of the *fibrous and serous tissues*. And although they have ceased to be looked upon as merely *palliative*, and are gaining upon the confidence of the profession, as *cervative*, I have the impression that they have not attained the rank and confidence in this respect that they merit or are destined to attain. Frequent trials and observations have suggested, have forced upon me, the conviction, that in order to avail ourselves of the full benefit of this class of remedies, either as a means of defending the constitution from the consequences of injuries, or of controlling inflammation, we must insist (when not particularly contra-indicated) upon their most *intense* and *uninterrupted* influence.

If *irritation* is the precursor, or a condition necessarily preceding *inflammation*, it seems rational to conclude, that its prevention or control must prevent the accession of succeeding stages, while the cause of irritation is being removed by the process of secretion or adhesion. If the *inflammatory process* be continued by the reciprocal action of the nervous and vascular tissues, the latter being moved to morbid action through the agency of the former, all analogies would seem to sanction the propriety of directing our first and special attention to the former, while depletion, which has special reference to the vascular system, would be looked upon as an *important*, but as *the second* consideration.

Between the phenomena presented by the different functions, in *paralysis*, and those of subjects fully *narcotized* by either of the *anæsthetic* agents, there is a close, if not perfect analogy. In both, there is a suspension of the animal functions, and a visible depression of the organic. Both are incompatible with any high degree of vascular or inflammatory action. Both depend upon a partial suspension of the nervous influence; and both are illustrative of the full sedative effect of opiates; the effect of the latter being a more feeble impression of the same type, and furnishes us with efficient and legitimate means of controlling other functions, particularly of the vascular system, through the agency of the *nervous*, when dangerous consequences are to be apprehended from their inordinate action.

Yours respectfully, J. C. BRADBURY.

Old Town, Me., January 20th, 1852.

## TRANSLATIONS, &amp;c.

BY JAMES BRYAN, M.D., OF PHILADELPHIA.

[Communicated for the Boston Medical and Surgical Journal.]

*A peculiar Acid secreted in the Parenchyma of the Lungs.* By M. F. VERDEIL.—(Thenard, Dumas, Pelouse, comm.)—"I have been able to extract from the parenchymatous structure of the lungs of most animals, a peculiar acid, crystallized, forming with bases crystallized combinations. This acid, secreted by the pulmonary parenchyma, is found, in part, free, and in greater amount in combination with soda. To obtain it isolated, I have proceeded in the following manner. The tissue of the lung is first cut up fine, then pounded in cold distilled water. The liquid, strained through muslin, possesses sensible acid re-action. The liquid is heated over a sand-bath to coagulate the albumen, then neutralized by the water of baryta and evaporated on a sand-bath. Reduced to three fourths of its primitive quantity, it is then precipitated by the sulphate of copper, which produces a large precipitate. The liquid filtered contains an excess of the sulphate of copper, which is removed by adding a little of the sulphate of barium; this forms an insoluble precipitate of the sulphate of baryta and of the sulphate of copper. The liquid is filtered and evaporated until it forms crystals of the sulphate of soda; a little diluted sulphuric acid is then added; and it is afterwards treated with pure boiling alcohol. This latter dissolves the acid of the lungs, and leaves the insoluble sulphate of soda. On the cooling of the alcohol and a few hours after, there are formed, round a centre, groups of acicular crystals, which will in a short time line the sides of the vessel. By the addition of the sulphate of copper in the primitive liquid, we have developed a multitude of substances, such as fats, uncoagulated albumen, &c., which prevent the isolation of the pulmonary acid. Thus obtained, the acid is a shining body, refracting light powerfully. Heated to 100°, it loses its water of crystallization; at a higher temperature, it crepitates and melts, then it decomposes, and leaves an empyreumatic residue; a carbonaceous substance remains, which finally disappears, leaving no ashes.

"This body is very soluble in water, insoluble in cold alcohol and in ether, but soluble in boiling alcohol. An elementary analysis proves it to be composed of carbon, hydrogen, nitrogen, sulphur and oxygen, in definite proportions. It forms crystallizable salts with bases, and expels carbonic acid from carbonates.

"The presence of an acid, secreted by the parenchyma of the lungs, appears to us to be of great importance in physiology. In truth, the acid is found in contact with the carbonate of soda of the blood, brought by the capillaries; it decomposes this salt in uniting with the soda, and the carbonic acid becomes free in the lung, indicating that this acid is formed in the lung, and not in the blood, which is alkaline. In uniting with the soda of the blood, this acid does not change the reactions of this fluid, because it merely takes the place of the carbonic acid which is expelled by the process of respiration."

He promises, in another memoir, to present a fuller account of the

chemical reactions which the presence of this acid in the lungs involves.

There is doubtless much yet to be learned in reference to the chemical changes which take place in the blood, in the process of respiration—whatever Mrs. Willard's theory in reference to the mechanical function of circulation may explain, and whatever our friend Dr. Cartwright, of New Orleans, may think of experiments on insects and the above theory of Mrs. W. We prefer by far a gentle tendency to credulity in our profession, to that conceited incredulity which sneers at all novelties, and tries to establish an impression of its own importance and learning, on its acumen in detecting faults in the investigations of others. "*Nil sine labore*"—and these things produce and induce labor.

We will now add a few lines of translation and remarks on the subject of "a new method of studying the nervous system, applicable to the investigation of the anatomical distribution of the nervous cords, and to the diagnosis of the diseases of the nervous system, during life and after death," by N. Waller. (Comm.: Magendie, Serres, Flourens.) This for our friend, Prof. Dowler, who will doubtless use the Frenchman in the proper way.

"This process consists in the section of different parts of the nervous system, both nerves and spinal marrow, in a way to interrupt their connection with the central portions, and after having protected the animal's life for a certain period (the time varying, in our experiments, from one to two or three months), to determine, by means of a microscope, the changes which the parts undergo, both peripheral and central. We know already that when the connection of a nerve with the spine is cut off, the elementary parts of the nerve become disorganized. In experiments made on the sciatic nerves of frogs and rabbits, great difficulties are experienced on account of the facility with which the intratubular substance loses its transparency and consistence. The difficulties are increased from the fact that the changes induced in these nerves by the necessary preparation, are greater than ordinary pathological changes.

"In order to guarantee from all chances of error, it is necessary to select a membrane, which, while it contains well-formed ramifications of nerves, is at the same time sufficiently transparent to be examined by a microscope, without previous preparation. Although many membranes, such as the intra-digital of the frog, and the bladder of the same animal, have these conditions, nothing is equal to the elastic and transparent tongue of the frog. This tongue has, as is known, two sets of nerves; the first, which is regarded as corresponding with the hypoglossal, may be seen through the transparent fibres of the mylo-hyoid muscle, when the skin is raised in the hyoid region; the second, which corresponds with the glosso-pharyngeal of the mammalia, may be seen directly through the mucous membrane of the mouth. In the fungiform papillæ, there are, as I have demonstrated, nervous tubes, terminating in free extremities, and so superficial that they may be readily seen in the living animal, by stretching the tongue. One way of observing these nerves, consists in elevating a small portion, like the head of a pin, and submitting it to the microscope. In general, by this process, it is easy to distin-



guish these nerves and to count their tubes ; but should they be obscured by the vessels, or the epithelium, they may be easily separated from both by a drop of caustic potash, which dissolves all but the nervous tissue. The tongue presents all the conditions necessary for the study of the alterations of the nerves after section ; for here the tubes are already displayed without any manipulation, and adapted to inspection by the microscope. All that is necessary, day by day, after the division of the nerves from the spine, is to inspect the gradual progress of disorganization. If the glosso-pharyngeal be cut, and the other left, for comparison, we will see at the end of four or five days, in summer, that the nervous tubes have already altered, that signs of change will be observed in the intratubular substance, and transverse lines will indicate a solution of continuity. In the second period, that is to say, after ten days in summer, the nervous tubes are found filled with spheric and oblong globules, irregularly mixed, as if with the two substances which are found in these tubes in a normal condition. At a third period, this matter is found changed to black granular substances possessing chemical properties, different from the normal substance, for it resists the action of acids and alkalis. After this period, the changes which take place in the nerves consist in the elimination of these dark granules, which is done very slowly in the adult frog ; for, at the end of a year and more, they are found in great quantities in some tubes, while others are empty.

“ It is easy to demonstrate, by elevating larger portions, that the same changes take place in the larger branches, up to the point of section. By means of these alterations the whole tract of the nerve may be followed ; for, by submitting the entire organ to a feeble alkaline solution, so as to dissolve the epithelium, we can very easily follow the ramifications of the altered nerve. We will thus see that sometimes one and sometimes the other of these nerves impinges on the domain of the other ; and that sometimes portions of the left glosso-pharyngeal are distributed to the right side, and *vice versa*. We may thus, also, see the numerous anastomoses which exist between these two nerves, especially on the median line ; for the normal fibres are continually found mixed with the disorganized.

“ While these changes, however, are taking place on the inferior surface, the superior retains its normal condition. In a frog, in which I cut the glosso-pharyngeal nerve, I found, after two months, that the tubes contained only these black granules, while those of the superior surface were in a normal condition. At the end of six months, and even after a year, I observed the same difference.”

The author proceeds to speak of the reproduction of nerves (the restoration of the functions of which, he says, never takes place fully), the effects of age, temperature, electricity, section of the spinal marrow, sections of the roots of nerves, &c., and of the disorganization of nerves, as seen by the microscope.

*January, 1852.*

## CHLOROFORM.—UNPLEASANT, IF NOT UNUSUAL EFFECTS.

BY B. E. COTTING, M.D., ROXBURY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

A MIDDLE-AGED and very muscular man, who had received an obscure injury near the elbow-joint, was seated in a chair and put under chloroform for examination. As soon as he was fully etherized, the most profuse vomiting and purging occurred, to the confusion of all parties. Fortunately he was at his own house.

Another patient, a young lad, etherized for the reduction of a dislocated clavicle, had involuntary discharges from bowels and bladder as soon as the chloroform took effect.

Not remembering to have seen such effects reported, the above instances, in my own practice, are recorded, to put other practitioners on their guard when about to administer chloroform at their own offices.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 23, 1852.

*Radical Cure of Hernia.*—Henry Bryant, M.D., the successful author of a Boylston prize essay, in 1847, on this subject, has been induced to publish his dissertation at this late period, in consequence of having seen, in the Medical Journal, a request for information on this subject, by the Committee of the American Medical Association. Those who read this pamphlet will agree that Dr. Bryant has given a clear and full account of all the methods of treating hernia known in France, up to the period of closing the essay. His industry and research are in the highest degree commendable, nor has the essay come “the day after the fair.” The fact is, an opinion is generally expressed that the ordinary surgical methods in this affection are not always reliable. Cases, no doubt, are radically cured by some of all the proposed processes, but operators cannot proceed with the same degree of boldness and certainty, that they do in extracting tumors or sounding abscesses. There is always a fear and an anxiety which is not common in the ordinary course of surgery. In short, something is to be achieved, if it has not been, and this is what the American Association will promulgate to the world, whenever it is possessed of the information.

The result of the different operations, as described by Dr. Bryant, is extremely interesting, and we desire to thank him for the instruction afforded in the pages devoted to that particular part of his inquiry. He is a clear writer and an honest chronicler. This unpretending but truly useful synopsis of French attempts at a radical cure of hernia, is worthy of a deliberate examination by the surgical portion of the profession.

*Analytical Compendium of Medical Science.*—A second edition, revised and enlarged, of several important elementary works, under one cover, by Drs. Neill and Smith, of Philadelphia, will be well received. The medical public is making urgent demands for good books, and students in the

various branches of the science of medicine, who have made any advances in medical knowledge, have learned to discriminate between authors and appreciate the services of the best. In this compact volume there is a complete hand-book of Anatomy, finely illustrated, and in all respects an excellent and reliable treatise. The plates alone are valuable, without a line of text. Next, there follows a hand-book of Surgery, equal in all its relations to the other. It is a condensed system of operative surgery, but contains enough to make any man familiar with that branch who studies it faithfully. Thirdly, the hand-book of *Materia Medica* is presented, embracing therapeutics. We have rarely seen a more compact digest of that department, in which nothing seems to have been omitted, and yet it only claims to be quite elementary. Then the hand-book of Chemistry is introduced. Much as that essential appendage is neglected among us, a careful study of this little compilation would rouse a very dull student to a realization of its value to a practitioner. And, lastly, the hand-book of the Practice of Medicine is presented us. All constitute a rich, well-proportioned volume, and it is offered at a price that makes the purchaser feel that he has his money's worth. As usual, Messrs. Blanchard & Lea, the Philadelphia publishers, have neglected nothing on their part to give the whole a good typographical finish. In Boston it may be found at Ticknor & Co.'s.

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*Worcester Lunatic Hospital.*—Dr. Chandler's annual legislative document is creditable to him. There are too many tabular statements for our convenience the present week, and the report will have further attention. Foreign paupers have got the ascendancy, according to the official declaration of the trustees, and have crowded the unfortunate that belong to Massachusetts out of the home prepared for them. This is only the beginning of troubles, for the new hospital that is to be reared will soon be in their possession also. Never was a sovereign State so grievously burdened. The people bear the growing evil without a murmur, and it is therefore taken for granted that taxation for the support of the cast-off humanity of Europe is an agreeable exercise of their charity.

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*Progress of Pauperism.*—Seven hundred new paupers, from foreign countries, came into Boston in 1851. There are 6,005 paupers in the city from Ireland and England, which the industrious citizens are taxed to support; but from the fact that they do not object to feeding and clothing the refuse and worthless population of Europe, as fast as they arrive, it is presumed they will continue to pay whatever may be assessed, without daring to remonstrate. It cost the people of Massachusetts \$73,696 last year to support paupers—most of whom are foreigners. By and by the poor tax among us will be more severe than it is in England.

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*New Lunatic Hospital.*—Some weeks since, an article was prepared for the Journal, disapproving of the course adopted by the State of Massachusetts in respect to locating this new institution in a town which should subscribe the most money towards it. By some accident the article was lost; but it is not now too late to say that we consider it beneath the dignity of the old and wealthy State of Massachusetts to be running a committee over the Commonwealth to receive propositions from selectmen and towns—which, in plain language, means, how much will you give if we



will drive the stakes here? Some towns bid largely; but no, it wasn't enough, and soon the committee were heard of in another place, listening to overtures. Now it is not to be supposed the committee were particularly influenced by the speeches they listened to, as they were in search of a suitable locality, irrespective of the price of vegetables in the neighborhood; but courtesy obliged them to wait patiently till the capabilities of the region were eloquently set forth, when they repaired to another, and there had a repetition of the same story. If a site altogether suitable for the proposed hospital has been found, and report says it has, it will be small business for the State to take a bit of land, a thousand of brick, or a Cheshire cheese, towards rearing up the edifice in some other place. Let the State pay, as would an individual, for what it has; and when necessity obliges the Legislature to beg, let it be done with a bold front, like a sturdy Italian mendicant who has reduced it to a science. If the town of Taunton raises 7 or 10,000 dollars towards assisting the State to locate the institution in that beautiful town, we hope the State will have the self-respect not to take it.

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*Tremont Medical School.*—A catalogue of the past and present students of this institution, very neatly arranged, with an account of its origin and plan of instruction, is circulating. Those who have an interest in the progress of medical education will be gratified with the prosperity of this school. Thoroughness is evidently an element that has led to its success and distinction. The old system of taking students into a physician's office—to run for luck among such books as he could find, depending for all that he knew, for a certainty, on the college lectures—has quite passed away in Boston. And how could it be otherwise, while such provision exists for the pursuit of medical study as characterizes the Tremont School and some other similar organizations.

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*Disinfecting Lamp.*—A note, from a medical friend, reminds us of a beautiful, simple, economical apparatus, for overcoming bad odors and purifying any apartment where the air is loaded with noxious materials. A description of it has already appeared, but the reference, in the note alluded to, has unfortunately been mislaid. The whole matter, however, is simply this. Take one of any of the various kinds of glass lamps—for burning camphene, for example—and fill it with chloric ether, and light the wick. In a few minutes the object will be accomplished. In dissecting rooms; in the damp, deep vaults, where vegetables are sometimes stored, or where drains allow the escape of offensive gases; in out-buildings; and, in short, in any spot where it is desirable to purify the atmosphere, burn one of these lamps. One tube, charged with a wick, is quite sufficient. This suggestion is really worth remembering for the comfort of a sick room, because it is easily accomplished, agreeable, and more economical for purifying than any process now known.

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*Travels in the East.*—A volume of about 400 pages, duodecimo, illustrated by numerous engravings—a Pilgrimage to the Ruins of Egypt, by the editor of this Journal—will be published by Messrs. Gould & Lincoln, of Boston, in the course of a few weeks. It will soon be followed by another volume, entitled a Pilgrimage to Palestine, embracing explorations in Turkey and the kingdom of Greece, by the same author.

*Case of Triplets.*—We understand that a lady of Winchester, in this State, was attended, on Sunday last, by Dr. S. W. Drew, of Woburn, and was safely delivered of three boys, who with the mother are doing well. A report of the case may be expected next week.

*Medical Institution of Yale College.*—The Examining Committee convened on Wednesday, January 14th, and continued in session two days. Present on the part of the Connecticut Medical Society: Rufus Blakeman, M.D., of Fairfield, *President*; Pliny A. Jewett, M.D., of New Haven; Benjamin Welch, M.D., of Salisbury; Ashbel Woodward, M.D., of Franklin; Pinckney W. Ellsworth, M.D., of Hartford.

On the part of Yale College: Professors B. Silliman, E. Ives, Jonathan Knight, T. P. Beers, C. Hooker, and H. Bronson.

Fourteen candidates were examined and received the degree of M.D.

Alvan Talcott, M.D., of Guilford, in behalf of the Board of Examiners, gave the annual address to the candidates.

Benjamin Welch, M.D., and Pinckney W. Ellsworth, M.D., were appointed to give the annual addresses in 1853 and 1854.

Pliny A. Jewett, M.D., of New Haven, was appointed to report the proceedings of the Board to the President and Fellows of the Connecticut Medical Society.

*Use of Alcohol in Prescriptions.*—MR. EDITOR,—The following Resolution was introduced at a temperance meeting, not long since, by a medical man, and adopted, viz.: "*Resolved*, that alcohol is *not* a medicine, but a convenient vehicle only, in which to give what are really medicines." I have drafted the resolution from memory, and have the true import, if not the exact wording of it. As the mover of the resolution seems quite confident that his position can be sustained, I forward it for the Journal, that a more general expression may be had, and that the friends of temperance may be properly advised upon the subject. Yours truly. R.

Jan. 22, 1852.

*Suffolk District Medical Society.*—The regular monthly meeting of the Suffolk District Medical Society will be held at the Masonic Temple, on Saturday evening, 31st Jan., at 7½ o'clock.

An Adjourned Stated Meeting, for business, will be held on Wednesday, 4th Feb., at 4 P. M.

TO READERS AND CORRESPONDENTS.—Vol. 46 of this Journal will be commenced next week, and will be sent to a larger number of subscribers than ever before received it. Many of our best medical writers, in different parts of the country, appreciate the advantages of being read by its extended circle of patrons, and communications from their pens may be expected as heretofore. A translation of a French work, by M. Piorry, on auscultation, has been made for the Journal, and will be commenced and continued in the ensuing volume. The following papers are on hand.

On Mercurial Fillings for the Teeth, Yeast in Putrid Sore Throat, Lithotripsy in the Female, Koussou for Tape-Worm, Stricture of the Urethra, Case of Neuralgia, Leprosy in New Brunswick, Notice of the Prize Essay on Croup.

The writer of a communication, already acknowledged, entitled "Letters from the South, No. 1," is informed that we think no good would come from publishing it. We should much prefer to lay it aside, and allow his next number to take the place of this one in the series.

*Deaths in Boston*—for the week ending Saturday noon, Jan. 24th, 65.—Males, 37—females, 28. Apoplexy, 1—congestion of the brain, 1—consumption, 9—convulsions, 1—cancer, 1—croup, 4—diarrhoea, 1—dropsy, 3—dropsy of the brain, 2—typhus fever, 4—typhoid fever, 3—hooping cough, 2—homicide, 1—disease of heart, 2—infantile, 8—inflammation of the lungs, 11—marasmus, 1—neuralgia, 1—necrosis of jaw, 1—old age, 2—puerperal, 1—smallpox, 2—scrofula, 1—teething, 1—unknown 1.

Under 5 years, 26—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 10—over 60 years, 9. Americans, 30; foreigners and children of foreigners, 33. The above includes 10 deaths at the City Institutions.



*Medical Attendance on Families by the Year.*—Although condemned in strong and unequivocal language by the National Medical Association, yet we regret to state, that the practice of attending families and individuals by the year, has become a crying—a great evil, in many of our cities, if we are correctly informed. It is unjust in itself, and cannot result in any thing but mischief to the profession and to the parties contracting. The physician should receive a fair—a just remuneration for his services; and his clients should be compelled to pay only for such professional attention as they may receive; but “yearly practice” aims at a species of miserable, petty monopoly, which is at war with the objects—the noble purposes of a liberal and enlightened profession. You may bargain with your grocer, your butcher, your laundress, and no harm comes of or by it; but for an honorable, an educated physician, to hire himself by the year, like a slave; to pledge his talents and his services, for a stipulated sum, is in direct violation of the ethics of the profession, and indicates at once an unwillingness to enter the field of fair and honorable competition with his brethren.—*New Orleans Med. and Surg. Journal.*

*Ligature of the External Iliac Artery.*—On Saturday, December 20th, Prof. Stone applied a ligature to the external iliac artery, for a large aneurism of the femoral, near Poupart’s ligament.

The operation was performed before the medical class and a number of medical gentlemen, in the operating theatre attached to the Charity Hospital. The patient declined the benefits of chloroform, and bore the operation quite well.

Prof. Stone operated with his usual dexterity and skill. Four days after the application of the ligature, the patient seemed progressing favorably. The issue will be reported in our March number.—*Ib.*

*Case of Rupture of the Heart.*—Reported by EDWIN R. MAXSON, M.D.—In March of 1849, Mrs. K—, a lady of thirty, of common health, while carrying her child of two years old, playfully lifted it over her head, when she felt an uneasiness in the cardiac region. This was soon followed by a sensation of warmth, and an unusual fluttering of the heart, which, however, partially subsided in a little time.

She now kept about the house most of the time for the following two days, though she was somewhat indisposed from a feeling of warmth and fullness, or pressure, about the heart, with occasional irregular action of that organ. The preceding symptoms were followed, towards the close of the second day, by slight syncope, dizziness, and a general feeling of uneasiness and prostration. On retiring to rest, at evening, she became thirsty and called for drink, and the next moment she was dead.

I was invited, by the politeness of two medical gentlemen, to assist in making an examination; which we did 48 hours after death. We found the pericardium filled with coagulated blood, making an envelope, nearly covering the heart. There was a rupture of the right auricle sufficiently large to admit a crow quill, the edges being loose, thin, and somewhat ragged.—*Buffalo Med. Jour. and Review.*

A Medical Society has been formed in Louisa Co., Va., and our friend, Dr. W. A. Gillespie, of Louisa, chosen president.





























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